

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | | 402087.22 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 356807.62 | |
| (c) Total Receipts (from Line 19) | 19022.21 | 242009.38 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 375829.83 | 644096.60 |
| 7. Total Disbursements (from Line 31)..... | 32279.79 | 299546.56 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 343550.04 | 344550.04 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 07 / 01 / 2013 To: 07 / 31 / 2013

| 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)..... | 14836.81 | 165505.62 |
| (ii) Unitemized | 4185.40 | 66826.56 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 19022.21 | 232332.18 |
| (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) | 19022.21 | 232332.18 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 2177.20 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 7500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 19022.21 | 242009.38 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 19022.21 | 242009.38 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 279.79 | 3328.23 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 279.79 | 3328.23 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 32000.00 | 295500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 718.33 |
| (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 | 718.33 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 32279.79 | 299546.56 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32279.79 | 299546.56 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 19022.21 | 232332.18 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 718.33 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19022.21 | 231613.85 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 279.79 | 3328.23 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 2177.20 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 279.79 | 1151.03 |

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

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

FOR LINE NUMBER: PAGE 6 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. John W Aldis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 River Rd
 City Shepherdstown State WV Zip Code 25443-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAIC-Frederick Occupation Medical Monitor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C2399123
 Amount of Each Receipt this Period
 250.00

B. Suzanne M Allen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2889 S Swallowtail Ln
 City Boise State ID Zip Code 83706-6139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington School of Med Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2013
Transaction ID : C2374233
 Amount of Each Receipt this Period
 1000.00

C. Bruce A Bagley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11400 Tomahawk Creek Pkwy
 City Leawood State KS Zip Code 66211-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Director - Quality AAFP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C2398991
 Amount of Each Receipt this Period
 250.00

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Boyd Lee Bailey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1023 Medical Center Pkwy Ste 200
 City Selma State AL Zip Code 36701-7739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB/Selma Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : C2385109
 Amount of Each Receipt this Period
 365.00

B. Justin V Bartos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Cagle Dr Ste 200
 City North Richland Hills State TX Zip Code 76180-8380
 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 ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : C2396006
 Amount of Each Receipt this Period
 42.00

c. Joane Goforth Baumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Houston St Apt 701
 City Fort Worth State TX Zip Code 76102-6224
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2013
Transaction ID : C2383424
 Amount of Each Receipt this Period
 80.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 487.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Reid B Blackwelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4407 Leedy Rd
 201 Cassel Dr
 City Kingsport State TN Zip Code 37664-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quillen College of Medicine Occupation Professor, Family Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2013
Transaction ID : C2377105
 Amount of Each Receipt this Period
100.00

B. Robert C M Bourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1538 Dwight St
 City Redlands State CA Zip Code 92373-7013
 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 **212.94**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C2399103
 Amount of Each Receipt this Period
30.42

c. Mary F Campagnolo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 Route 38 Ste 6
 City Lumberton State NJ Zip Code 08048-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Medical Group, Marlton NJ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : C2396007
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **230.42**
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: (check only one) | PAGE 9 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mitchell J Carey MD
Full Name (Last, First, Middle Initial)

Mailing Address 01899 S M 66

City East Jordan State MI Zip Code 49727-9169

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 07 / 31 / 2013
Transaction ID : C2398999

Amount of Each Receipt this Period 100.00

B. Kenneth Keith Carrell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1115 1st Ave S

City Payette State ID Zip Code 83661-2810

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

Name of Employer Valley Family Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2013
Transaction ID : C2375052

Amount of Each Receipt this Period 500.00

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

Mailing Address PO BOX 506

City Huntingdon State TN Zip Code 38344-0506

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 30 / 2013
Transaction ID : C2397933

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 NE 10th St
 OU Physicians Family Medicine Cent
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Physician Faculty
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2727.24**

Date of Receipt **07 / 03 / 2013**
Transaction ID : C2373323
 Amount of Each Receipt this Period **454.54**

B. Jose M David MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Huntington Ct
 City Albany State NY Zip Code 12203-6015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Peters Health Partners Medical Asso Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1666.68**

Date of Receipt **07 / 25 / 2013**
Transaction ID : C2396014
 Amount of Each Receipt this Period **416.67**

C. George P Dempsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Pantigo PI
 City East Hampton State NY Zip Code 11937-5920
 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 **07 / 17 / 2013**
Transaction ID : C2385133
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1371.21**
TOTAL This Period (last page this line number only).....

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

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

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

A. John Norman Dorsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 N Dry Brook Ct
 City Derby State KS Zip Code 67037-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kansas School of Medicin Occupation Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2013
Transaction ID : C2377473
 Amount of Each Receipt this Period
 365.00

B. Gerald Eugene Eliaser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7483 Kennedy Rd
 City Sebastopol State CA Zip Code 95472-5419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Medical Group Redwoods Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : C2375434
 Amount of Each Receipt this Period
 250.00

C. Elisabeth K Farnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Hyland Ave
 City East Greenwich State RI Zip Code 02818-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kent Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : C2396287
 Amount of Each Receipt this Period
 30.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 645.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Wanda D Filer MD
Full Name (Last, First, Middle Initial)
Mailing Address 510 Aqua Ct
City York State PA Zip Code 17403-3623
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Health Institute Occupation Family Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2100.00**

Date of Receipt **07 / 02 / 2013**
Transaction ID : C2370850
Amount of Each Receipt this Period **350.00**

B. seth Yawki flagg MD
Full Name (Last, First, Middle Initial)
Mailing Address 9129 Bradford Rd
City Silver Spring State MD Zip Code 20901-4917
FEC ID number of contributing federal political committee. **C**
Name of Employer USN Occupation Physicain
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C2375655
Amount of Each Receipt this Period **35.00**

C. Leslie A Foote MD
Full Name (Last, First, Middle Initial)
Mailing Address 16103 Meridian Rd
City Salinas State CA Zip Code 93907-9140
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 **07 / 17 / 2013**
Transaction ID : C2385124
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **635.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Carletta Hauck
Full Name (Last, First, Middle Initial)

Mailing Address Exec Dir - SD AFP
3912 Golf Course Rd

City Watertown State SD Zip Code 57201-5412

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

Name of Employer SD AFP Occupation Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 01 / 2013
Transaction ID : C2363297

Amount of Each Receipt this Period
125.00

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

Mailing Address 1305 W 18th St

City Sioux Falls State SD Zip Code 57105-0401

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

Name of Employer Sioux Valley Health Systems Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
07 / 04 / 2013
Transaction ID : C2374209

Amount of Each Receipt this Period
100.00

C. Thu Nguyen Howell Howell
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Neilson Way
Unit 301

City Santa Monica State CA Zip Code 90405-2281

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 ▼
300.00

Date of Receipt
07 / 22 / 2013
Transaction ID : C2396013

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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

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

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

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

A. Elvin C Irvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E Cheves St
 City Florence State SC Zip Code 29506-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2013
Transaction ID : C2402527
 Amount of Each Receipt this Period
 91.50

B. Mark Richard Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 797
 City Lexington State NE Zip Code 68850-0797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plum Creek Medical Group, P.C. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : C2385117
 Amount of Each Receipt this Period
 565.00

C. Gregory King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Vail Rd
 City Bennington State VT Zip Code 05201-9597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primary Care Health Partners - VT, LLP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2013
Transaction ID : C2375932
 Amount of Each Receipt this Period
 50.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 706.50 |
| 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 15 OF 32 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Camille M Leugers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Patrick Henry St
 Hailey
 City State Zip Code
 Bellaire TX 77401-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C2398994
 Amount of Each Receipt this Period
 200.00

B. Daniel Scott Lewis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Earlington Dr
 City State Zip Code
 Greeneville TN 37743-8511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Takoma Medical Associates Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2013
Transaction ID : C2397931
 Amount of Each Receipt this Period
 100.00

C. Karen Eileen Lien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 5th St
 City State Zip Code
 Havre MT 59501-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NMMC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : C2385107
 Amount of Each Receipt this Period
 370.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 670.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. John S Meigs MD | | Date of Receipt MM / DD / YYYY 07 / 17 / 2013 Transaction ID : C2385114 |
| Mailing Address PO Box 289 100 Serendipity Dr | | Amount of Each Receipt this Period 25.00 |
| City Brent | State AL | Zip Code 35034-0289 |
| FEC ID number of contributing federal political committee. C | Name of Employer Self Employed | Occupation Physician |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. John S Meigs MD | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : C2399003 |
| Mailing Address PO Box 289 100 Serendipity Dr | | Amount of Each Receipt this Period 75.00 |
| City Brent | State AL | Zip Code 35034-0289 |
| FEC ID number of contributing federal political committee. C | Name of Employer Self Employed | Occupation Physician |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Anne M Montgomery MD | | Date of Receipt MM / DD / YYYY 07 / 24 / 2013 Transaction ID : C2396008 |
| Mailing Address 1708 S Martin St | | Amount of Each Receipt this Period 250.00 |
| City Spokane | State WA | Zip Code 99203-3751 |
| FEC ID number of contributing federal political committee. C | Name of Employer self | Occupation physician |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

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

A. Dale C Moquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 Lake Walk Ct
 City Missouri City State TX Zip Code 77459-3268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Family Medicine Residency Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **545.46**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C2375656
 Amount of Each Receipt this Period **90.91**

B. Javette C Orgain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 806527
 City Chicago State IL Zip Code 60680-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ILLINOIS COLLEGE OF MED. Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 10 / 2013**
Transaction ID : C2402529
 Amount of Each Receipt this Period **125.00**

C. Paul Henry Pappas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 941 Clear Creek Dr
 City Texarkana State TX Zip Code 75503-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 17 / 2013**
Transaction ID : C2385118
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **465.91**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Paul Henry Pappas MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2013 Transaction ID : C2399104 |
| Mailing Address 941 Clear Creek Dr | | Amount of Each Receipt this Period 250.00 |
| City Texarkana | State TX | Zip Code 75503-1143 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. PuiFun Lila Pappas MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013 Transaction ID : C2385119 |
| Mailing Address 941 Clear Creek Dr | | Amount of Each Receipt this Period 250.00 |
| City Texarkana | State TX | Zip Code 75503-1143 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. PuiFun Lila Pappas MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2013 Transaction ID : C2399106 |
| Mailing Address 941 Clear Creek Dr | | Amount of Each Receipt this Period 250.00 |
| City Texarkana | State TX | Zip Code 75503-1143 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Francis L Pisney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 1/2 College Ave
 City Iowa Falls State IA Zip Code 50126-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ellsworth Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **865.00**

Date of Receipt **07 / 05 / 2013**
Transaction ID : C2375438
 Amount of Each Receipt this Period **865.00**

B. Elisabeth L Righter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 267 Park Dr
 City Dayton State OH Zip Code 45410-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University BSM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 10 / 2013**
Transaction ID : C2402530
 Amount of Each Receipt this Period **100.00**

C. Gerald R Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 399
 City Castleberry State AL Zip Code 36432-0399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 17 / 2013**
Transaction ID : C2385123
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1465.00**
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 OF 32
(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. Robert R Rodak DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6445 Pepper Ct
 City State Zip Code
 Erie PA 16505-2673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UPMC Hamot, RHS Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : C2385106
 Amount of Each Receipt this Period
 365.00

B. Glenn Sumner Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 0235 SW Canby St
 City State Zip Code
 Portland OR 97219-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Providence Health Services Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : C2375439
 Amount of Each Receipt this Period
 500.00

c. Flora F Sadri-Azarbayejani DO
 Full Name (Last, First, Middle Initial)
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2013
Transaction ID : C2396015
 Amount of Each Receipt this Period
 50.00

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: (check only one) | PAGE 21 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address 2994 Frazell Rd

City Hilliard State OH Zip Code 43026-9785

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

Name of Employer Ohio Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
07 / 30 / 2013

Transaction ID : C2397932

Amount of Each Receipt this Period
122.00

B. Robert J Skully MD
Full Name (Last, First, Middle Initial)

Mailing Address Grant Medical Center Outpatient
393 E Town St

City Columbus State OH Zip Code 43215-4741

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

Name of Employer Grant Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
07 / 05 / 2013

Transaction ID : C2375047

Amount of Each Receipt this Period
600.00

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

Mailing Address 1505 Palmer Ct

City Dixon State CA Zip Code 95620-4103

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

Name of Employer US Air Force Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : C2398992

Amount of Each Receipt this Period
500.00

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1222.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Glen R Stream MD
Full Name (Last, First, Middle Initial)
Mailing Address 1708 S Martin St
City Spokane State WA Zip Code 99203-3751
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockwood Clinic Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 19 / 2013**
Transaction ID : C2387163
Amount of Each Receipt this Period **250.00**

B. Glen R Stream MD
Full Name (Last, First, Middle Initial)
Mailing Address 1708 S Martin St
City Spokane State WA Zip Code 99203-3751
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockwood Clinic Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 19 / 2013**
Transaction ID : C2409742
Amount of Each Receipt this Period **250.00**

C. Erica Williams Swegler MD
Full Name (Last, First, Middle Initial)
Mailing Address 300 N Rufe Snow Dr
City Keller State TX Zip Code 76248-4235
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 **488.63**

Date of Receipt **07 / 20 / 2013**
Transaction ID : C2402531
Amount of Each Receipt this Period **102.27**

SUBTOTAL of Receipts This Page (optional)..... **602.27**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Pamela W Tuck MD | | Date of Receipt |
| Mailing Address 4135 Atlanta Hwy | | <input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Montgomery | AL | 36109-3022 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C2397934 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="50.00"/> |
| Name of Employer | Occupation | |
| Self Employed | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="300.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Tracie Dalene Updike MD | | Date of Receipt |
| Mailing Address 2933 Park Plaza Ln | | <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Port Arthur | TX | 77642-5516 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C2385132 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer | Occupation | |
| Self Employed | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Lloyd P Van Winkle MD | | Date of Receipt |
| Mailing Address PO BOX 960 | | <input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Castroville | TX | 78009-0960 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C2377106 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="36.50"/> |
| Name of Employer | Occupation | |
| Self | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="620.50"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="336.50"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Thomas J Vinton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 S 19th St
 Apt 3
 City Omaha State NE Zip Code 68102-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alegent Health Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C2399125
 Amount of Each Receipt this Period
500.00

B. Dana S Ware MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1000
 City Chester State CA Zip Code 96020-1000
 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 **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : C2385115
 Amount of Each Receipt this Period
750.00

C. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chestatee Regional Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : C2374658
 Amount of Each Receipt this Period
250.00

| | |
|-----------------------------------------------------------------|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | 14836.81 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : D146954

Amount of Each Disbursement this Period

13.54

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : D146955

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : D147759

Amount of Each Disbursement this Period

15.11

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

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

36.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : D147760

Amount of Each Disbursement this Period

1.14

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : D147761

Amount of Each Disbursement this Period

14.77

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : D147762

Amount of Each Disbursement this Period

3.28

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

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

19.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2013

Transaction ID : D147763

Amount of Each Disbursement this Period

2.97

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2013

Transaction ID : D147764

Amount of Each Disbursement this Period

7.31

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : D147765

Amount of Each Disbursement this Period

20.85

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

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

31.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : D147766

Amount of Each Disbursement this Period

1.37

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2013

Transaction ID : D147767

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : D147757

Amount of Each Disbursement this Period

183.55

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

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

192.87

279.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. D SQUARED D2 VICTORY FUND

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : D147476

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. PALLONE FOR SENATE

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740-3176

Purpose of Disbursement
Campaign contribution

Candidate Name

Frank Pallone

Office Sought: House
 Senate
 President
State: NJ District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : D147475

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. PROGRESSIVE CHOICES PAC

Mailing Address P.O. BOX 58

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : D147474

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City State Zip Code
ELK GROVE CA 95758

Purpose of Disbursement
Campaign contribution 2010 general election debt retirement

Candidate Name

Rep. Ami Bera

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2013 |

Transaction ID : D147480

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City State Zip Code
SALT LAKE CITY UT 84152

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jim Matheson

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2013 |

Transaction ID : D147482

Amount of Each Disbursement this Period

| |
|----------|
| 1,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2013 |

Transaction ID : D147481

Amount of Each Disbursement this Period

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

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

| |
|----------|
| 8,500.00 |
|----------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 19 | / | 2013 |

Transaction ID : D147485

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City State Zip Code
PALM DESERT CA 92260

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Raul Ruiz

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 19 | / | 2013 |

Transaction ID : D147483

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City State Zip Code
RALEIGH NC 27624

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Renee Ellmers

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 19 | / | 2013 |

Transaction ID : D147473

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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

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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 19 / 2013

Transaction ID : D147472

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement
Campaign contribution

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 19 / 2013

Transaction ID : D147471

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

32000.00