

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	365164.29	
(c) Total Receipts (from Line 19)	16601.78	396168.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	381766.07	733535.01
7. Total Disbursements (from Line 31).....	28725.07	380494.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	353041.00	353041.00
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	10828.69	273940.14
(ii) Unitemized	5410.00	114865.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	16238.69	388805.38
(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)	16238.69	388805.38
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).....	363.09	7363.44
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16601.78	396168.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16601.78	396168.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	425.07	6427.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	425.07	6427.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28300.00	370000.00
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	3245.00
(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	3245.00
29. Other Disbursements	0.00	821.50
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)) ..	28725.07	380494.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28725.07	380494.01

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16238.69	388805.38
34. Total Contribution Refunds (from Line 28(d))	0.00	3245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16238.69	385560.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	425.07	6427.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	363.09	7363.44
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61.98	-935.93

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amended to correct error in un-itemized contribution total.

Form/Schedule:
Transaction ID:

**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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Frederic Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Mark Cir
 City Holden State MA Zip Code 01520-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMMHC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : C1859242
 Amount of Each Receipt this Period
60.00

B. 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 **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : C1844335
 Amount of Each Receipt this Period
100.00

C. Ellen Sandra Brull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Arbor Ln
 City Glenview State IL Zip Code 60025-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine Associates of Lutheran Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2012
Transaction ID : C1841772
 Amount of Each Receipt this Period
83.40

SUBTOTAL of Receipts This Page (optional).....▶	243.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(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. Judith Chamberlain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Sea Grass Farm Rd
 City Brunswick State ME Zip Code 04011-7841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Medical Director, Medicaid Business Un
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2012
Transaction ID : C1842338
 Amount of Each Receipt this Period 5000.00

B. Mark E Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 354 N Maple Ave
 City Wood Dale State IL Zip Code 60191-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 10 / 17 / 2012
Transaction ID : C1856700
 Amount of Each Receipt this Period 100.00

C. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address OU Physicians Family Medicine Cent
 900 Ne 10Th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Physician Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.40

Date of Receipt 10 / 16 / 2012
Transaction ID : C1859246
 Amount of Each Receipt this Period 333.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 5433.34
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: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael O Fleming MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 556 Dunmoreland Dr
 City Shreveport State LA Zip Code 71106-6125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amedisys, Inc Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : C1861521
 Amount of Each Receipt this Period
 250.00

B. Robert H Funke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1144 Knollwood Ln
 City Kingsport State TN Zip Code 37660-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain Region Family Medicine 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
 10 / 09 / 2012
Transaction ID : C1835979
 Amount of Each Receipt this Period
 50.00

c. Roland Adolph Goertz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Providence Dr
 City Waco State TX Zip Code 76707-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Practice Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2012
Transaction ID : C1832381
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 26
(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 P Guilbault MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Spanish Moss Ct
 City Mandeville State LA Zip Code 70471-7273
 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 ▼ 366.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : C1849078
 Amount of Each Receipt this Period
 122.00

B. Leslie A Hayes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 132A County Road 84
 City Santa Fe State NM Zip Code 87506-2781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EI Central Family Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012
Transaction ID : C1842416
 Amount of Each Receipt this Period
 500.00

C. David J Hoelting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 609
 813 Lloyd Street
 City Pender State NE Zip Code 68047-0609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012
Transaction ID : C1857667
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 672.00
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 11 OF 26
	<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. Jessica Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 38 Hall St

City Newington State CT Zip Code 06111-2553

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

Name of Employer None Occupation Medical Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 10 / 15 / 2012
Transaction ID : C1848688

Amount of Each Receipt this Period 50.00

B. laura Rachel kaufman MD, PhD
Full Name (Last, First, Middle Initial)

Mailing Address 2919 Sunset Dr W

City University Place State WA Zip Code 98466-2736

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

Name of Employer GHP Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 07 / 2012
Transaction ID : C1838448

Amount of Each Receipt this Period 365.00

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

Mailing Address 3 Freedom Way

City Walpole State MA Zip Code 02081-2290

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 17 / 2012
Transaction ID : C1849954

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 565.00

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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial) A. John S Meigs MD		Date of Receipt 10 / 15 / 2012 Transaction ID : C1849088
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
City Brent	State AL	
Zip Code 35034-0289		Aggregate Year-to-Date ▼ 975.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John S Meigs MD		Date of Receipt 10 / 15 / 2012 Transaction ID : C1849092
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 25.00
City Brent	State AL	
Zip Code 35034-0289		Aggregate Year-to-Date ▼ 975.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. F Bradford Bradford Meyers MD		Date of Receipt 10 / 16 / 2012 Transaction ID : C1849295
Mailing Address PO Box 414 152 W Garland St		Amount of Each Receipt this Period 60.00
City Jefferson	State WI	
Zip Code 53549-0414		Aggregate Year-to-Date ▼ 260.00
FEC ID number of contributing federal political committee. C		
Name of Employer Rockwood Family Health LLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Wayne Montesi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 E Sunflower Rd
 Ste 100A
 City Cleveland State MS Zip Code 38732-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Medical Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **730.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : C1850135
 Amount of Each Receipt this Period **365.00**

B. Maureen O Padden MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 E St Nw
 Bureau Of Medicine And Surgery
 City Washington State DC Zip Code 20372-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : C1859233
 Amount of Each Receipt this Period **35.00**

C. Stacey Jeanne Pappas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Provost Dr
 Apt 1205
 City New Windsor State NY Zip Code 12553-5623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employment Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **304.20**

Date of Receipt **10 / 11 / 2012**
Transaction ID : C1845371
 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 14 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brian Robert Penti MD

Mailing Address 309 Allston St
Apt 6

City Brighton State MA Zip Code 02135-7629

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

Name of Employer Boston Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : C1856703

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Raymond Randolph Reese MD

Mailing Address 1108 Terrell St

City Cuero State TX Zip Code 77954-3458

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 ▼ **273.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : C1849082

Amount of Each Receipt this Period
91.00

Full Name (Last, First, Middle Initial)
C. Renee Roy Md Roy MD

Mailing Address 1812 Whispering Trl

City Midwest City State OK Zip Code 73130-7048

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

Name of Employer Saint Physician Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2012
Transaction ID : C1842295

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **191.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dennis F Salisbury MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 W Diamond St
 City Butte State MT Zip Code 59701-1526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. James Healthcare Occupation Vice-President for Medical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : C1849459
 Amount of Each Receipt this Period **500.00**

B. Paul David Salzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 898
 City Callicoon State NY Zip Code 12723-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : C1844336
 Amount of Each Receipt this Period **40.00**

C. Grover Schleifer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Sherrill St # B
 City Union City State TN Zip Code 38261-5891
 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 **10 / 05 / 2012**
Transaction ID : C1836876
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **790.00**
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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Richard M Shaw MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 White Swan Ct
 City Simi Valley State CA Zip Code 93065-6723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regal Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **10 / 13 / 2012**
Transaction ID : C1856698
 Amount of Each Receipt this Period **50.00**

B. Patrick Brent Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Bedford Pl
 City Brandon State MS Zip Code 39047-4532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Mississippi School of Me Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **822.23**

Date of Receipt **10 / 02 / 2012**
Transaction ID : C1832274
 Amount of Each Receipt this Period **88.89**

C. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inpatient Management Inc Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1125.00**

Date of Receipt **10 / 08 / 2012**
Transaction ID : C1839599
 Amount of Each Receipt this Period **187.50**

SUBTOTAL of Receipts This Page (optional).....	326.39
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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael P Temporal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 S 3Rd St Ste 400
 City Belleville State IL Zip Code 62220-1952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer So. Illinois Healthcare Foundation Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 13 / 2012**
Transaction ID : C1848227
 Amount of Each Receipt this Period **50.00**

B. Pamela W Tuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4135 Atlanta Hwy
 City Montgomery State AL Zip Code 36109-3022
 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 **10 / 08 / 2012**
Transaction ID : C1839598
 Amount of Each Receipt this Period **50.00**

C. George Voigtlander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 446
 City Pawnee City State NE Zip Code 68420-0446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pawnee County Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.70**

Date of Receipt **10 / 15 / 2012**
Transaction ID : C1848689
 Amount of Each Receipt this Period **52.14**

SUBTOTAL of Receipts This Page (optional).....	152.14
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 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 7362.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : C1842310

Amount of Each Receipt this Period
 363.09

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	363.09
TOTAL This Period (last page this line number only).....▶	363.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D138859

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D138861

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2012

Transaction ID : D138862

Amount of Each Disbursement this Period

4.06

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

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

23.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2012

Transaction ID : D138863

Amount of Each Disbursement this Period

23.56

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : D138864

Amount of Each Disbursement this Period

15.11

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : D138865

Amount of Each Disbursement this Period

0.98

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

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

39.65

**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
10 / 15 / 2012

Transaction ID : D138866

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

B. 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
10 / 01 / 2012

Transaction ID : D138857

Amount of Each Disbursement this Period

358.30

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

361.55

425.07

**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. DEFEND AMERICA PAC

Mailing Address P.O. Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2012

Transaction ID : D137147

Amount of Each Disbursement this Period

5000.00

B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Full Name (Last, First, Middle Initial)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric Cantor

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

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2012

Transaction ID : D137249

Amount of Each Disbursement this Period

2500.00

C. PAC TO THE FUTURE

Full Name (Last, First, Middle Initial)

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: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2012

Transaction ID : D137145

Amount of Each Disbursement this Period

5000.00

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. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield Street

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ed Perlmutter

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2012

Transaction ID : D137247

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City State Zip Code
SIOUX FALLS SD 57101

Purpose of Disbursement
Camnpaign contribution

Candidate Name

Rep. Kristi Noem

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2012

Transaction ID : D137156

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ROGERS FOR CONGRESS

Mailing Address PO Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike Rogers

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2012

Transaction ID : D137503

Amount of Each Disbursement this Period

2500.00

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

7000.00

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. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2012

Transaction ID : D137144

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW
Ste 307

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2012

Transaction ID : D137246

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Bob Corker

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2012

Transaction ID : D137146

Amount of Each Disbursement this Period

2000.00

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

6300.00

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

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Debbie Stabenow

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2012					

Transaction ID : D137248

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

28300.00
