



**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="2013"/>		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	344550.04	
(c) Total Receipts (from Line 19) .....	13769.59	255778.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	358319.63	657866.19
7. Total Disbursements (from Line 31).....	23373.61	322920.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334946.02	334946.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10062.83	175568.45
(ii) Unitemized .....	3311.00	70137.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13373.83	245706.01
(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) .....	13373.83	245706.01
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).....	395.76	2572.96
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))..... ▶	13769.59	255778.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13769.59	255778.97

**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 .....	373.61	3701.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	373.61	3701.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	318500.00
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)) ..	23373.61	322920.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23373.61	322920.17

**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) .....	13373.83	245706.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13373.83	244987.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	373.61	3701.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	395.76	2572.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-22.15	1128.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 **336.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : C2414056**  
 Amount of Each Receipt this Period **42.00**

**B. 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 **320.00**

Date of Receipt **08 / 16 / 2013**  
**Transaction ID : C2409246**  
 Amount of Each Receipt this Period **80.00**

**C. 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 **800.00**

Date of Receipt **08 / 10 / 2013**  
**Transaction ID : C2404639**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>222.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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. Mott Parks Blair MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 E Westbrook St  
 City Wallace State NC Zip Code 28466-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vidant Medicine - Greenville, NC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : C2416756**  
 Amount of Each Receipt this Period  
 41.00

**B. Angela Caffaratti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 Delegate Dr  
 City Columbus State OH Zip Code 43235-1470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MT CARMEL MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013  
**Transaction ID : C2402547**  
 Amount of Each Receipt this Period  
 50.00

**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 ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : C2414057**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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. Lee Marvin Carter MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 506

City State Zip Code  
Huntingdon TN 38344-0506

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : C2416759**

Amount of Each Receipt this Period  
100.00

**B. Augusto A Castrillon MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 S Bryan Rd Ste 100 Suite 100

City State Zip Code  
Mission TX 78572-6688

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 29 / 2013

**Transaction ID : C2416016**

Amount of Each Receipt this Period  
500.00

**C. Lanny R Copeland MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9205 Selkirk Ct

City State Zip Code  
Brentwood TN 37027-1749

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

Name of Employer Occupation  
LifePoint Hospitals Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2013

**Transaction ID : C2409141**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	965.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Steven A Crawford MD</b>		Date of Receipt
Mailing Address 900 NE 10th St OU Physicians Family Medicine Cent		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oklahoma City	OK	73104-5420
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2402546</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="454.54"/>
Name of Employer	Occupation	
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3636.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven A Crawford MD</b>		Date of Receipt
Mailing Address 900 NE 10th St OU Physicians Family Medicine Cent		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oklahoma City	OK	73104-5420
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2414546</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="454.54"/>
Name of Employer	Occupation	
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3636.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jose M David MD</b>		Date of Receipt
Mailing Address 804 Huntington Ct		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Albany	NY	12203-6015
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2414569</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
Name of Employer	Occupation	
St Peters Health Partners Medical Asso	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2083.35"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1325.75"/>
<b>TOTAL</b> 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 10 OF 30
	<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. 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 **240.00**

Date of Receipt **08 / 26 / 2013**  
**Transaction ID : C2414606**  
Amount of Each Receipt this Period **300.00**

**B. 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 **2450.00**

Date of Receipt **08 / 02 / 2013**  
**Transaction ID : C2402495**  
Amount of Each Receipt this Period **350.00**

**C. Seth Yawki Flagg MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9129 Bradford Rd  
City Silver Spring State MD Zip Code 20901-4917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USN Occupation Physicain  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **445.00**

Date of Receipt **08 / 02 / 2013**  
**Transaction ID : C2402544**  
Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **580.00**  
**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 30
	<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. 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 Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **445.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2013  
**Transaction ID : C2403829**  
 Amount of Each Receipt this Period  
**35.00**

**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 **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2013  
**Transaction ID : C2402581**  
 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 **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2013  
**Transaction ID : C2413893**  
 Amount of Each Receipt this Period  
**60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **195.00**  
**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 30
	<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 **634.00**

Date of Receipt **08 / 08 / 2013**  
**Transaction ID : C2418401**  
 Amount of Each Receipt this Period **91.50**

**B. 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 **350.00**

Date of Receipt **08 / 09 / 2013**  
**Transaction ID : C2404599**  
 Amount of Each Receipt this Period **50.00**

**C. Camille M Leugers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5300 Patrick Henry St  
 City Bellaire State TX Zip Code 77401-4817  
 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 **600.00**

Date of Receipt **08 / 29 / 2013**  
**Transaction ID : C2416104**  
 Amount of Each Receipt this Period **200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>341.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daniel Scott Lewis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Earlington Dr  
 City State Zip Code  
 Greenville 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : C2416757**  
 Amount of Each Receipt this Period  
 100.00

**B. JESUS L LIZARZABURU MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Kicotan Turn  
 City State Zip Code  
 Yorktown VA 23693-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tidewater Physicians Multispecialty Gr 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  
 08 / 01 / 2013  
**Transaction ID : C2402433**  
 Amount of Each Receipt this Period  
 365.00

**C. Sarah Tully Marks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3809 N Morris Blvd  
 City State Zip Code  
 Shorewood WI 53211-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Kansas; School of Medici Assistant Professor  
 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  
 08 / 07 / 2013  
**Transaction ID : C2403798**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	830.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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. Amy Kristen McIntyre MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1140 W Diamond St  
 City Butte State MT Zip Code 59701-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Butte Community Health Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **232.26**

Date of Receipt **08 / 08 / 2013**  
**Transaction ID : C2403831**  
 Amount of Each Receipt this Period **33.18**

**B. Mark A McLoney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 398 W Bagley Rd Ste 1  
 City Berea State OH Zip Code 44017-1312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Physicians Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 29 / 2013**  
**Transaction ID : C2416017**  
 Amount of Each Receipt this Period **365.00**

**c. John S Meigs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 289  
 100 Serendipity Dr  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **725.00**

Date of Receipt **08 / 15 / 2013**  
**Transaction ID : C2409136**  
 Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **423.18**  
**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 30
	<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. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt **08 / 29 / 2013**

**Transaction ID : C2416111**

Amount of Each Receipt this Period **250.00**

**B. Anne M Montgomery 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 self Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **08 / 24 / 2013**

**Transaction ID : C2414547**

Amount of Each Receipt this Period **250.00**

**C. 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 ▼ **636.37**

Date of Receipt **08 / 08 / 2013**

**Transaction ID : C2403830**

Amount of Each Receipt this Period **90.91**

**SUBTOTAL** of Receipts This Page (optional)..... **365.91**

**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 16 OF 30
	<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. Mary S Nguyen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5727 Welsch Vw  
 City San Antonio State TX Zip Code 78249-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medina Valley Family Practice Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : C2402496**  
 Amount of Each Receipt this Period  
**35.00**

**B. Joseph Scott Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Scott St  
 City Baltimore State MD Zip Code 21230-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medstar Franklin Square Med Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **232.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2013  
**Transaction ID : C2410258**  
 Amount of Each Receipt this Period  
**33.18**

**c. 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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2013  
**Transaction ID : C2418404**  
 Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>193.18</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<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. Benito Blanco Perez Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34030 Center Stone Cir  
City Temecula State CA Zip Code 92592-3358  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southern California Medical Group Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 29 / 2013  
**Transaction ID : C2416094**  
Amount of Each Receipt this Period  
500.00

**B. Michelle Quiogue MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2460 Pine St  
City Bakersfield State CA Zip Code 93301-2742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KP-SCPMG Occupation Family Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 232.26

Date of Receipt  
08 / 20 / 2013  
**Transaction ID : C2410255**  
Amount of Each Receipt this Period  
33.18

**C. Robert Chuck Rich MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10  
3744 Old Abbottsburg Rd  
City Bladenboro State NC Zip Code 28320-0010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CCNC/LCF Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 232.26

Date of Receipt  
08 / 20 / 2013  
**Transaction ID : C2410257**  
Amount of Each Receipt this Period  
33.18

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 566.36  
**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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 **800.00**

Date of Receipt **08 / 10 / 2013**  
**Transaction ID : C2418403**  
 Amount of Each Receipt this Period **100.00**

**B. Mark David Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 812 Rothmoor Dr Ne  
 City Concord State NC Zip Code 28025-2582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolinas Healthcare System Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 15 / 2013**  
**Transaction ID : C2409133**  
 Amount of Each Receipt this Period **1000.00**

**c. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gardner Family Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 24 / 2013**  
**Transaction ID : C2414548**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<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. 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 ▼ 710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : C2416758**  
 Amount of Each Receipt this Period  
 122.00

**B. Aaron Burl Shives MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 28th Ave SE  
 City Watertown State SD Zip Code 57201-8403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2013  
**Transaction ID : C2401908**  
 Amount of Each Receipt this Period  
 36.50

**C. Andrew Clifford Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 370  
 207 Lorenz Lane  
 City Guttenberg State IA Zip Code 52052-0370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Medicine Associate 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  
 08 / 15 / 2013  
**Transaction ID : C2409123**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	658.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<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 **1750.00**

Date of Receipt **08 / 19 / 2013**  
**Transaction ID : C2409751**  
Amount of Each Receipt this Period **250.00**

**B. 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 **590.90**

Date of Receipt **08 / 20 / 2013**  
**Transaction ID : C2418406**  
Amount of Each Receipt this Period **102.27**

**C. Stacy J Taylor MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 173 E Cotton Hill Rd  
City New Hartford State CT Zip Code 06057-3524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Charlotte Hungerford Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **232.26**

Date of Receipt **08 / 20 / 2013**  
**Transaction ID : C2410259**  
Amount of Each Receipt this Period **33.18**

**SUBTOTAL** of Receipts This Page (optional)..... **385.45**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<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. 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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : C2416761**  
 Amount of Each Receipt this Period  
**50.00**

**B. Daniel J Van Durme MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7023 Dardwood Ln  
 City Tallahassee State FL Zip Code 32312-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FSU College of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013  
**Transaction ID : C2416109**  
 Amount of Each Receipt this Period  
**370.00**

**C. E Mark Watts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2726 Cornwallis Ave SE  
 City Roanoke State VA Zip Code 24014-3342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cavilier Faculty Medicine 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  
 08 / 29 / 2013  
**Transaction ID : C2416011**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **920.00**  
**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 30
	<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. Randell K Wexler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6040 Haybury Dr

City New Albany State OH Zip Code 43054-8691

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

Name of Employer Ohio State University Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
08 / 13 / 2013  
**Transaction ID : C2406904**

Amount of Each Receipt this Period  
500.00

**B. 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 Chestate Regional Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
08 / 05 / 2013  
**Transaction ID : C2403213**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10062.83

**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 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. American Academy of Family Physicians**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 2432.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C2404815**  
 Amount of Each Receipt this Period  
 336.10

**B. American Academy of Family Physicians**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 2432.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2013  
**Transaction ID : C2416132**  
 Amount of Each Receipt this Period  
 59.66

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	395.76
<b>TOTAL</b> This Period (last page this line number only).....▶	395.76

**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  
08 / 05 / 2013

**Transaction ID : D147826**

Amount of Each Disbursement this Period

28.11

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  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2013

**Transaction ID : D147896**

Amount of Each Disbursement this Period

21.27

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  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2013

**Transaction ID : D147897**

Amount of Each Disbursement this Period

2.97

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

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

52.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2013

**Transaction ID : D147961**

Amount of Each Disbursement this Period

7.31

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2013

**Transaction ID : D147962**

Amount of Each Disbursement this Period

11.86

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2013

**Transaction ID : D147963**

Amount of Each Disbursement this Period

1.63

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

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

20.80

**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  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2013

**Transaction ID : D148077**

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  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2013

**Transaction ID : D148078**

Amount of Each Disbursement this Period

13.54
-------

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  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2013

**Transaction ID : D148079**

Amount of Each Disbursement this Period

7.95
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

22.86
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	2		2	0	1	3		

**Transaction ID : D147758**

Amount of Each Disbursement this Period

2	7	7	.	6	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	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)..... ▶

2	7	7	.	6	0
---	---	---	---	---	---

3	7	3	.	6	1
---	---	---	---	---	---

**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. Fearless PAC**

Mailing Address 1919 14th St  
Ste 707

City Boulder State CO Zip Code 80302-5326

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jared Polis**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2013

**Transaction ID : D147805**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BILL OWENS FOR CONGRESS**

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901-0286

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Bill Owens**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2013

**Transaction ID : D147989**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. BRALEY FOR IOWA**

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304-0856

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Bruce Braley**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2013

**Transaction ID : D147798**

Amount of Each Disbursement this Period

5000.00

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

10000.00

**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. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO Box 21786

City State Zip Code  
Seattle WA 98111

Purpose of Disbursement  
Camapaign contribution

Candidate Name

**Rep. Jim McDermott**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2013

**Transaction ID : D147990**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City State Zip Code  
THE WOODLANDS TX 77387

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kevin Brady**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2013

**Transaction ID : D147796**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road  
Ste 2000

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Pat Tiberi**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2013

**Transaction ID : D147795**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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. PAUL TONKO FOR CONGRESS**

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Paul Tonko**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	07	/	2013

**Transaction ID : D147797**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W Northern Lights Blvd  
Ste 605

City Anchorage State AK Zip Code 99503-2337

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Mark Begich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2013

**Transaction ID : D147830**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. VINEPAC**

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Hon Mike Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2013

**Transaction ID : D147997**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00
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**TOTAL** This Period (last page this line number only)..... ▶

23000.00
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