

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) 2021 Massachusetts Avenue, NW Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2008 through 07 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 08 19 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		235731.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	221805.34									
(c) Total Receipts (from Line 19)	35004.27	291874.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	256809.61	527606.30								
7. Total Disbursements (from Line 31)	45177.95	315974.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	211631.66	211631.66								
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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	12788.48	173398.89
(i) Itemized (use Schedule A)		
(ii) Unitemized	21041.51	114825.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33829.99	288224.04
(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)	33829.99	288224.04
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)	1174.28	3650.30
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35004.27	291874.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35004.27	291874.34

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	677.95	3974.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	677.95	3974.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	312000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45177.95	315974.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45177.95	315974.64

DETAILED SUMMARY PAGE
of Disbursements

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	33829.99	288224.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33829.99	288224.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	677.95	3974.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	1174.28	3650.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-496.33	324.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Christine S Albrecht, MD		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address Lakewood Clinic - Staples 49725 County Rd 83		Transaction ID: C432921
City Staples	State MN	Zip Code 56479-3201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Lakewood Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Kathleen Mary Ankers, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2008
Mailing Address 616 Shamrock Dr		Transaction ID: C439861
City O Fallon	State IL	Zip Code 62269-7509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer US Air Force	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Boyd Lee Bailey, MD		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 1023 Medical Center Pkwy		Transaction ID: C465554
City Selma	State AL	Zip Code 36701-6780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer UAB/Selma Family Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1230.00
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 7 / 29
(check only one)

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

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

A.

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

Mailing Address 4351 Booth Calloway Rd Ste 101

City State Zip Code
North Richland Hill TX 76180-7319

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

Name of Employer Occupation
North Hills Family Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: C437844

Amount of Each Receipt this Period
56.00

B.

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

Mailing Address Beaver Med Cln Inc
1300 E Cooley Dr

City State Zip Code
Colton CA 92324-3905

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

Name of Employer Occupation
Beaver Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: C437851

Amount of Each Receipt this Period
31.00

C.

Full Name (Last, First, Middle Initial)
Ellen T Brubeck, MD

Mailing Address 212 W Main St

City State Zip Code
Mount Olive NC 28365-2014

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

Name of Employer Occupation
State of North Carolina Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2008

Transaction ID: C439866

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **387.00**

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 8 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Richard R Burdeaux, DO

Mailing Address PO Box 70

City State Zip Code
La Follette TN 37766-0070

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

Name of Employer Occupation
Summit Medical Group Owner/Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2008

Transaction ID: C439911

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary F Campagnolo, MD

Mailing Address Lumberton Family Physicians
1561 Route 38 Ste 6

City State Zip Code
Lumberton NJ 08048-2939

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

Name of Employer Occupation
Lumberton Family Physicians, LLC Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2008

Transaction ID: C439918

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

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

Name of Employer Occupation
University of Oklahoma Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C437901

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1700.00

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 9 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark V Cribben

Mailing Address 1346 Tuckerman St NW

City State Zip Code
Washington DC 20011-1139

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

Name of Employer Occupation
AAFP PAC Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: C436776

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
John Howard Darnell, Jr

Mailing Address Family Medicine Center PLLC
PO Box 987

City State Zip Code
Flatwoods KY 41139-0987

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

Name of Employer Occupation
Family Medicine Center, PLLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2008

Transaction ID: C437907

Amount of Each Receipt this Period
168.00

C.

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

Mailing Address 804 Huntington Ct

City State Zip Code
Albany NY 12203-6015

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

Name of Employer Occupation
Prime Care Physicians Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2008

Transaction ID: C437908

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1783.00**

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 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Andrew Eason, MD

Mailing Address 1 PrimeCare Drive

City Selmer State TN Zip Code 38375

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

Name of Employer Prime Care Med Ctr Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2008

Transaction ID: C466194

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Michael Philip Elston, MD

Mailing Address Western Health
529 Kansas City St Ste 200

City Rapid City State SD Zip Code 57701-3688

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

Name of Employer Western Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt 07 / 14 / 2008

Transaction ID: C437974

Amount of Each Receipt this Period 73.00

C. Full Name (Last, First, Middle Initial)
Roxanne Fahrenwald, MD

Mailing Address Ste B
123 S 27th St

City Billings State MT Zip Code 59101-4200

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

Name of Employer Riverstone Health/MT Family Medicine R Occupation Resident Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 02 / 2008

Transaction ID: C433051

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **938.00**

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 11 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Beth Anne Fox, MD

Mailing Address PO Box 1445

City State Zip Code
Kingsport TN 37662-1445

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

Name of Employer Occupation
ETSU Dept of Family Medicine Assistant Professor

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: C441738

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Richard M Glover, MD

Mailing Address 1331 Axtell Rd

City State Zip Code
Newton KS 67114-1303

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

Name of Employer Occupation
Axtell Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: C442899

Amount of Each Receipt this Period

365.00

C.

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

Mailing Address 1600 Providence Dr

City State Zip Code
Waco TX 76707-2261

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

Name of Employer Occupation
Family Practice Center Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C437994

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

815.00

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 12 / 29
(check only one)

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

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

A.

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

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: C437978

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Rebecca Jaffe, MD

Mailing Address Suite 300
3105 Limestone Rd

City State Zip Code
Wilmington DE 19808-2147

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 ▼
540.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C465971

Amount of Each Receipt this Period
540.00

C.

Full Name (Last, First, Middle Initial)
Jerrold E Johnson, MD

Mailing Address 336 Summer Ridge Rd

City State Zip Code
Bozeman MT 59715-7771

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

Name of Employer Occupation
Gallatin Community Clinic Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2008

Transaction ID: C437272

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1405.00**

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 13 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City State Zip Code
Harlan IA 51537-2009

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

Name of Employer Occupation
Mystic Medical Center Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2008

Transaction ID: C439936

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 1776 Richmond Rd

City State Zip Code
Staten Island NY 10306-2581

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 243.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C437987

Amount of Each Receipt this Period

121.66

C.

Full Name (Last, First, Middle Initial)
Gregory Lyon Loftus, MD

Mailing Address 6155 Anthony Hwy
PO Box 369

City State Zip Code
Mont Alto PA 17237-0369

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

Name of Employer Occupation
MAFP Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2008

Transaction ID: C441775

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

736.66

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 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Leah R Mabry, MD

Mailing Address 339 S Presa St

City State Zip Code
San Antonio TX 78205-3425

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

Name of Employer Occupation
Christus Health Care Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: C436891

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address Matthews Primary Care
2407 Plantation Center Dr

City State Zip Code
Matthews NC 28105-5418

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

Name of Employer Occupation
Crown Health Care Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 363.64

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C466184

Amount of Each Receipt this Period

90.91

C.

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer Occupation
Inland Empire Hospital Services Associ Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: C438094

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

490.91

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: PAGE 15 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Charles Ted Paulk, MD

Mailing Address 1812 E Main St

City Dothan State AL Zip Code 36301-3000

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

Name of Employer Family Practice Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 07 / 22 / 2008
Transaction ID: C441708
Amount of Each Receipt this Period: 365.00

B.

Full Name (Last, First, Middle Initial)
Thomas C Peterson, MD

Mailing Address 91 Pine Meadow Dr

City Colchester State VT Zip Code 05446-9615

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

Name of Employer University of Vermont Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 07 / 21 / 2008
Transaction ID: C441707
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Paul David Salzberg, MD

Mailing Address 9741 State Rt 97
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 ▼ 283.33

Date of Receipt: 07 / 15 / 2008
Transaction ID: C438240
Amount of Each Receipt this Period: 121.66

SUBTOTAL of Receipts This Page (optional) ► **851.66**

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

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

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

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ramona G Seidel, MD

Mailing Address 510 Pride Of Baltimore
Ste 3

City State Zip Code
Arnold MD 21012-1990

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

Name of Employer Self Employed Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2008

Transaction ID: C437274

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code
Spokane WA 99216-2167

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 ▼
810.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: C439726

Amount of Each Receipt this Period
330.00

C.

Full Name (Last, First, Middle Initial)
Jane A Weida, MD

Mailing Address 1011 Handsome Pl

City State Zip Code
Lititz PA 17543-9708

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

Name of Employer Hershey Medical Center Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: C439773

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

795.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Dr
City State Zip Code
New Albany OH 43054-8691
FEC ID number of contributing federal political committee. **C**
Name of Employer The Ohio State University Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1718.75
Date of Receipt 07 / 16 / 2008
Transaction ID: C439934
Amount of Each Receipt this Period 656.25

B. Full Name (Last, First, Middle Initial)
Kenneth W Whittington, MD
Mailing Address 5300 NW 123rd St
City State Zip Code
Oklahoma City OK 73142-5142
FEC ID number of contributing federal political committee. **C**
Name of Employer Deaconess Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 16 / 2008
Transaction ID: C439838
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Joseph W Zebley, MD
Mailing Address 3810 Juniper Rd
City State Zip Code
Baltimore MD 21218-1398
FEC ID number of contributing federal political committee. **C**
Name of Employer Greenspring Medical Associates Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 22 / 2008
Transaction ID: C441774
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1656.25
TOTAL This Period (last page this line number only) ► 12788.48

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

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

FOR LINE NUMBER: PAGE 18 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3650.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 8

Transaction ID: C437266

Amount of Each Receipt this Period
564.57

B.

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3650.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 8

Transaction ID: C465968

Amount of Each Receipt this Period
609.71

SUBTOTAL of Receipts This Page (optional)	▶	1174.28
TOTAL This Period (last page this line number only)	▶	1174.28

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 29

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64335 Date of Disbursement 07 / 01 / 2008
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 19.17
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64336 Date of Disbursement 07 / 07 / 2008
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 19.38
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64337 Date of Disbursement 07 / 11 / 2008
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 1.55
	Purpose of Disbursement Bank card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	40.10
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64338 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="3.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64341 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="15.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64342 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="13.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64343 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="6.87"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64344 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="9.30"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D64345 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank card processing fee	<input type="text" value="3.10"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="19.27"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D71402 Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 19.07</p>
<p>B. Full Name (Last, First, Middle Initial) Bank Of America Merchant Services</p> <p>Mailing Address WA2-505-01-40 PO Box 2485</p> <p>City Spokane State WA Zip Code 99210-2485</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D64340 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 547.29</p>
<p>C. Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address P O Box 52145</p> <p>City Phoenix State AZ Zip Code 85072-2145</p> <p>Purpose of Disbursement Bank card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D64339 Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 19.22</p>

SUBTOTAL of Disbursements This Page (optional) ▶

585.58

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

677.95

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

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

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

A.	Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE	Transaction ID: D63223
	Mailing Address P.O. Box 2008	Date of Disbursement 07 / 28 / 2008
	City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN	Transaction ID: D63225
	Mailing Address PO Box 12612	Date of Disbursement 07 / 28 / 2008
	City San Antonio State TX Zip Code 78212-0612	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Charles A. Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS	Transaction ID: D63236
	Mailing Address PO BOX 14631	Date of Disbursement 07 / 28 / 2008
	City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS	Transaction ID: D63228 Date of Disbursement 07 / 28 / 2008
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-1107	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: D63229 Date of Disbursement 07 / 28 / 2008
	Mailing Address 499 S Capitol St SW Ste 404	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-4004	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: D63230 Date of Disbursement 07 / 28 / 2008
	Mailing Address 29 RUFF CIRCLE	Amount of Each Disbursement this Period 2500.00
	City GLASTONBURY State CT Zip Code 06033	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

A. Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS <hr/> Mailing Address P.O. Box 1279 <hr/> City Hudson State NY Zip Code 12534 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. Kirsten Gillibrand <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63238 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. Mark S. Kirk <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63239 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE <hr/> Mailing Address P.O. Box 3370 <hr/> City Palm Springs State CA Zip Code 92263 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Rep. Mary Bono Mack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63226 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Campaign contribution Candidate Name Rep. Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63237 Date of Disbursement 07 / 28 / 2008
	Amount of Each Disbursement this Period 1500.00 Category/Type

B. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement Campaign contribution Candidate Name Rep. Phil Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63235 Date of Disbursement 07 / 28 / 2008
	Amount of Each Disbursement this Period 4000.00 Category/Type

C. Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS Mailing Address 100 WEST LAWRENCE STREET City APPLETON State WI Zip Code 54911 Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63232 Date of Disbursement 07 / 28 / 2008
	Amount of Each Disbursement this Period 2500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: D63233
	Mailing Address P.O. Box 425	Date of Disbursement 07 / 28 / 2008
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Tom Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND	Transaction ID: D63227
	Mailing Address 426 C St NE Rear Building	Date of Disbursement 07 / 28 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name SEARCHLIGHT LEADERSHIP FUND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: D63231
	Mailing Address 228 S WASHINGTON STE 115	Date of Disbursement 07 / 28 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Sen. Gordon Smith	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE <hr/> Mailing Address PO BOX 433 <hr/> City GREAT BEND State KS Zip Code 67530 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Sen. Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63224 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR <hr/> Mailing Address PO BOX 1096 <hr/> City BANGOR State ME Zip Code 04402 <hr/> Purpose of Disbursement Campaign contribution Candidate Name Sen. Susan M. Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63234 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

44500.00

Image# 28932475717

Form/Schedule: **SA15**
Transaction ID: **C465968**

Permissible reimbursement from connected organization for bank/credit card processing fees.

Form/Schedule: **SA15**
Transaction ID: **C437266**

Permissible reimbursement from connected organization for bank/credit card processing fees.
