

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
 Check if different than previously reported. (ACC)
Washington DC 20036

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2008 through 02 29 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 03 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.

Office Use Only									
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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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

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	275192.98									
(c) Total Receipts (from Line 19)	17764.39	57855.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	292957.37	293587.18								
7. Total Disbursements (from Line 31)	114938.90	115568.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	178018.47	178018.47								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

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	13001.00	50321.00
(i) Itemized (use Schedule A)	3698.87	6232.29
(ii) Unitemized	16699.87	56553.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16699.87	56553.29
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)	1064.52	1301.93
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))	17764.39	57855.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17764.39	57855.22

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.....	438.90	1068.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	438.90	1068.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	114500.00	114500.00
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))..	114938.90	115568.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114938.90	115568.71

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)	16699.87	56553.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16699.87	56553.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	438.90	1068.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	1064.52	1301.93
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-625.62	-233.22

**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 / 25
	<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) Susan Elizabeth Aycock, MD		Date of Receipt
	Mailing Address 9605 Red Hill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clarkton	NC	28433-8231
	FEC ID number of contributing federal political committee. C		Transaction ID: C391957
Name of Employer SERMC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

B.	Full Name (Last, First, Middle Initial) Chris Ray Bernheisel, MD		Date of Receipt
	Mailing Address TCH/UC Fam Med Res Prog 2123 Auburn Ave Ste 340		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Cincinnati	OH	45219-2906
	FEC ID number of contributing federal political committee. C		Transaction ID: C390676
Name of Employer Tch/Uc Resd. Program		Occupation Family Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Catherine A Bishop, MD		Date of Receipt
	Mailing Address 26 Applewood Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chillicothe	OH	45601-1903
	FEC ID number of contributing federal political committee. C		Transaction ID: C391174
Name of Employer Adena Regional Medical Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1615.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25

(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)
Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP
1900 NW Expressway, Suite 501

City State Zip Code
Oklahoma City OK 73118-1805

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
OAFP EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
02 / 14 / 2008

Transaction ID: C391178

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
John R Carroll, MD

Mailing Address Ste 100
405 S Clark St

City State Zip Code
Carroll IA 51401-3047

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McFarland Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
02 / 11 / 2008

Transaction ID: C390824

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Roger Dale Criner, Jr

Mailing Address 590 Oak Ridge Rd

City State Zip Code
Dyersburg TN 38024-6533

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Independent Contractor Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2008

Transaction ID: C393899

Amount of Each Receipt this Period 500.00

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 8 / 25
(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)
Douglas W Curran, MD

Mailing Address 117 Medical Cir

City Athens State TX Zip Code 75751-9003

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

Name of Employer Lakeland Medical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 26 / 2008

Transaction ID: C394035

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Jennifer L Delfs, MD

Mailing Address Sawtooth Mountain Clinic
513 5th Ave W

City Grand Marais State MN Zip Code 55604-3017

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

Name of Employer Sawtooth Mountain Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 08 / 2008

Transaction ID: C390239

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Bradley J Fedderly, MD

Mailing Address 7901 N Mohawk Rd
Wheaton Franciscan Medical Group

City Milwaukee State WI Zip Code 53217-3125

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

Name of Employer Wheaton Franciscan Medical Group Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 02 / 24 / 2008

Transaction ID: C393797

Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional) ► **3730.00**

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 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2008

Transaction ID: C391925

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Arthur R Hori, MD

Mailing Address 1750 Kalakaua Ave Ste 2602

City State Zip Code
Honolulu HI 96826-3746

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

Name of Employer Occupation
Self-Employed Physician

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

Date of Receipt
MM / DD / YYYY
02 / 15 / 2008

Transaction ID: C391301

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James S Irwin, MD

Mailing Address 76 W 100 N

City State Zip Code
Jerome ID 83338-5252

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

Name of Employer Occupation
Family Care Physicians Physician

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

Date of Receipt
MM / DD / YYYY
02 / 05 / 2008

Transaction ID: C390207

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 25
(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)
Vincent D Keenan, CAE

Mailing Address Exec Vice President - IL AFP
4756 Main St

City State Zip Code
Lisle IL 60532-1724

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

Name of Employer Occupation
Illinois Academy of Family Association Exec.
Physicians

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

Date of Receipt
MM / DD / YYYY
02 / 18 / 2008

Transaction ID: C391914

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Michael L Kennedy, MD

Mailing Address Mail Stop 4010
3901 Rainbow Blvd

City State Zip Code
Kansas City KS 66160-0004

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

Name of Employer Occupation
Univ. of Kansas School of Assistant Professor Family Medicine
Medicine

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

Date of Receipt
MM / DD / YYYY
02 / 11 / 2008

Transaction ID: C390825

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Erik Paul Lessmann, MD

Mailing Address PO Box 935

City State Zip Code
Demopolis AL 36732-0935

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

Name of Employer Occupation
Self-Employed Physician

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: C390236

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1015.00

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 / 25
(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)
Debra R McClain, MD

Mailing Address Family Practice
610 N Michigan St Ste 100

City State Zip Code
South Bend IN 46601-1077

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2008

Transaction ID: C394034

Amount of Each Receipt this Period
366.00

B.

Full Name (Last, First, Middle Initial)
Andrew J Merritt, MD

Mailing Address 28 1/2 E Main St

City State Zip Code
Marcellus NY 13108-1226

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: C388681

Amount of Each Receipt this Period
365.00

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 Inland Empire Hospital Services Associ
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2008

Transaction ID: C391926

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **931.00**

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 / 25
(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)
Dale C Moquist, MD

Mailing Address 14023 Southwest Fwy
7737 Southwest Fwy Ste 400

City State Zip Code
Sugar Land TX 77478-3550

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

Name of Employer MHHS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2008

Transaction ID: C391176

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
David T O'Gurek

Mailing Address 440 W Iron St

City State Zip Code
Summit Hill PA 18250-1014

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

Name of Employer n/a Occupation Resident Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: C388673

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 14547 S Hagan St

City State Zip Code
Olathe KS 66062-9001

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

Name of Employer American Academy of Family Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: C388682

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 25
(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)
Vimal R Patel, MD

Mailing Address 12 Woodrise

City State Zip Code
Falmouth MA 02540-2510

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

Name of Employer Self Employed Occupation Physician

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

Date of Receipt

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

Transaction ID: C390620

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
S William Pierce, MD

Mailing Address Star Family Care
2645 W Horizon Ridge Pkwy #120

City State Zip Code
Henderson NV 89052-2899

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

Name of Employer star family care Occupation physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	0	8

Transaction ID: C391300

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Michael D Springer

Mailing Address 14320 Norwood St

City State Zip Code
Overland Park KS 66224-3912

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

Name of Employer American Academy of Family Physicians Occupation publishing executive

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

Date of Receipt

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

Transaction ID: C394268

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 25	
	(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"/> 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) Nancy C Swikert, MD		Date of Receipt																					
	Mailing Address 8780 Us Highway 42		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	5	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2	/	1	5	/	2	0	0	8														
	City	State	Zip Code	Transaction ID: C391297																				
	Florence	KY	41042-8850	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	365.00																					
Name of Employer Patient First Physician Group		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)	▶	365.00
TOTAL This Period (last page this line number only)	▶	13001.00

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

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

FOR LINE NUMBER: PAGE 15 / 25
(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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 5 / 2 0 0 8
 Transaction ID: C390827
 Amount of Each Receipt this Period
 629.81
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1301.93

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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 8
 Transaction ID: C394317
 Amount of Each Receipt this Period
 434.71
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1301.93

SUBTOTAL of Receipts This Page (optional) ► 1064.52
TOTAL This Period (last page this line number only) ► 1064.52

**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)

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<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: D60186 Date of Disbursement 02 / 11 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 3.10
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Credit 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: D60187 Date of Disbursement 02 / 18 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 7.75
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Credit 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: D60334 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 3.10
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Credit 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)	▶	13.95
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)

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<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 Credit 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: D60336 Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1.09</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: D60184 Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 399.70</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: D60185 Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 24.16</p>

SUBTOTAL of Disbursements This Page (optional) ▶

424.95

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

438.90

**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)

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<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) DONNA CHRISTENSEN CAMPAIGN	Transaction ID: D60088 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 417 New Jersey Ave SE	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20003-4007	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Del. Donna M. Christensen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: VI District: 00	

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D60095 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 430 S Capitol St SE FI 2	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003-4024	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMI	Transaction ID: D60086 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 430 S Capitol St SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003-4024	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	31500.00
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)

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<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) Democratic Senatorial Campaign Committee	Transaction ID: D60087 Date of Disbursement 02 / 06 / 2008
	Mailing Address 120 Maryland Ave NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002-5610	
	Purpose of Disbursement Campaign contribution 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) RUSSELL FOR CONGRESS	Transaction ID: D60190 Date of Disbursement 02 / 19 / 2008
	Mailing Address PO Box 1103	Amount of Each Disbursement this Period 2000.00
	City Oxford State MS Zip Code 38655-1103	
	Purpose of Disbursement Campaign contribution Candidate Name Dr Randy H Russell	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WULSIN FOR CONGRESS	Transaction ID: D60229 Date of Disbursement 02 / 19 / 2008
	Mailing Address 1080 Nimitzview Dr Ste 400	Amount of Each Disbursement this Period 2500.00
	City Cincinnati State OH Zip Code 45230-4332	
	Purpose of Disbursement Campaign contribution Candidate Name Dr. Victoria Wulsin	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	19500.00
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)

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<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) GLACIER PAC	Transaction ID: D60347 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	
	Mailing Address 236 Massachusetts Avenue NE Suite 603		
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Campaign contribution 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) CALONGNE FOR CONGRESS INC	Transaction ID: D60191 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8	
	Mailing Address 7575 Jefferson Hwy # 15		
	City Baton Rouge State LA Zip Code 70806-8308	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Campaign contribution Candidate Name Laurinda Calongne	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE	Transaction ID: D60227 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8	
	Mailing Address 607 14th St NW Ste 800		
	City Washington State DC Zip Code 20005-2005	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Campaign contribution 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)	9500.00
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)

PAGE 21 / 25

<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) RANGEL FOR CONGRESS	Transaction ID: D60096 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address PO Box 5577 Manhattanville Station	Amount of Each Disbursement this Period 5000.00
	City New York	State NY
	Zip Code 10027-5570	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Charles B. Rangel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 15	

B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: D60094 Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 2500.00
	City LONG BRANCH	State NJ
	Zip Code 07740	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 06	

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: D60348 Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 2500.00
	City LONG BRANCH	State NJ
	Zip Code 07740	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 06	

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)

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<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) FRIENDS OF JOHN BOEHNER	Transaction ID: D60093 Date of Disbursement 02 / 06 / 2008
	Mailing Address 7908-I2 Cincinnati Dayton Road	Amount of Each Disbursement this Period 5000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE	Transaction ID: D60130 Date of Disbursement 02 / 12 / 2008
	Mailing Address 607 14th Street N.W.	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name Rep. John D. Dingell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: D60349 Date of Disbursement 02 / 27 / 2008
	Mailing Address 1157 San Bernard	Amount of Each Disbursement this Period 2500.00
	City Austin State TX Zip Code 78702	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Lloyd Doggett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
TAMMY BALDWIN FOR CONGRESS

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Tammy Baldwin

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WI District: 02

Transaction ID: D60090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 1st St SE

City Washington State DC Zip Code 20003-1885

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D60350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JAY ROCKEFELLER

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. John D. Rockefeller, IV

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WV District: 00

Transaction ID: D60092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

PAGE 24 / 25

<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) FEINGOLD SENATE COMMITTEE	Transaction ID: D60131 Date of Disbursement 02 / 12 / 2008
	Mailing Address PO BOX 620062	Amount of Each Disbursement this Period 2000.00
	City MIDDLETON State WI Zip Code 53562	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Sen. Russ Feingold	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: D60089 Date of Disbursement 02 / 06 / 2008
	Mailing Address 236 Massachusetts Ave NE Ste 508	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002-4980	
	Purpose of Disbursement Campaign contribution	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) TUESDAY GROUP POLITICAL ACTION COMMITTEE	Transaction ID: D60228 Date of Disbursement 02 / 19 / 2008
	Mailing Address PO Box 40385	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20016-0385	
	Purpose of Disbursement Campaign contribution	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)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	114500.00

Image# 28990616740

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C394317**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C390827**
