

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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2010 through 06 30 2010

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 07 20 2010

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 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		263211.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	287690.23									
(c) Total Receipts (from Line 19)	20430.15	193839.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	308120.38	457050.56								
7. Total Disbursements (from Line 31)	78787.93	227718.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	229332.45	229332.45								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14129.68	153951.45
(ii) Unitemized	5427.56	36485.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19557.24	190437.31
(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)	19557.24	190437.31
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)	872.91	3402.07
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))	20430.15	193839.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20430.15	193839.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	787.93	3768.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	787.93	3768.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78000.00	223500.00
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	450.00
(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	450.00
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))..	78787.93	227718.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78787.93	227718.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	19557.24	190437.31
34. Total Contribution Refunds (from Line 28(d))	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19557.24	189987.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	787.93	3768.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	872.91	3402.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-84.98	366.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 41
(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)
Frederic Baker, MD

Mailing Address 32 Mark Cir

City State Zip Code
Holden MA 01520-1410

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

Name of Employer UMMHC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.20

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: C935463

Amount of Each Receipt this Period
43.64

B.

Full Name (Last, First, Middle Initial)
Joane Goforth Baumer, MD

Mailing Address 1500 S Main St

City State Zip Code
Fort Worth TX 76104-4917

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 ▼
1248.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2010

Transaction ID: C933099

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City State Zip Code
Kingsport TN 37664-2117

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

Name of Employer East Tennessee State University Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2010

Transaction ID: C942107

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **351.64**

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 / 41
(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)
Robert C M Bourne, MD

Mailing Address 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 ▼ 240.59

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: C942694

Amount of Each Receipt this Period
30.42

B. Full Name (Last, First, Middle Initial)
Russell S Breish, MD

Mailing Address 906 Spring Ave

City State Zip Code
Fort Washington PA 19034-1416

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

Name of Employer Occupation
Chestnut Hill Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: C929365

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Judith Chamberlain, MD

Mailing Address 10 Sea Grass Farm Rd

City State Zip Code
Brunswick ME 04011-7841

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

Name of Employer Occupation
Aetna Medical Director, Medicaid Business Unit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: C933564

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **895.42**

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

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

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

FOR LINE NUMBER: PAGE 8 / 41
(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)
Steven A Crawford, MD
Mailing Address 900 Ne 10Th St
City Oklahoma City State OK Zip Code 73104-5420
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Oklahoma Occupation Physician Faculty
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1150.00
Date of Receipt 06 / 05 / 2010
Transaction ID: C930052
Amount of Each Receipt this Period 230.00

B. Full Name (Last, First, Middle Initial)
Mary Margaret Crestani, MD
Mailing Address 301 Governors Dr Sw
City Huntsville State AL Zip Code 35801-5122
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ. of AL Sch of Med - Huntsville Re Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 06 / 24 / 2010
Transaction ID: C941021
Amount of Each Receipt this Period 45.00

C. Full Name (Last, First, Middle Initial)
Timothy J Dalton, MD
Mailing Address 4600 Valley Rd Ste 210
City Lincoln State NE Zip Code 68510-4892
FEC ID number of contributing federal political committee. **C**
Name of Employer Lincoln Medical Edu Partn-ership Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 30 / 2010
Transaction ID: C942695
Amount of Each Receipt this Period 180.00

SUBTOTAL of Receipts This Page (optional) ► 455.00
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 / 41
(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)
David R Damian, Jr
Mailing Address 2210 E 29Th St
City State Zip Code
Bryan TX 77802-1903
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 06 / 22 / 2010
Transaction ID: C936690
Amount of Each Receipt this Period: 240.00

B. 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 Prime Care Physicians Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 06 / 19 / 2010
Transaction ID: C936528
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Keith E Davis, MD
Mailing Address PO BOX 609
City State Zip Code
Shoshone ID 83352-0609
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: 06 / 02 / 2010
Transaction ID: C926820
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1105.00
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 / 41
(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)
Joe D Davison, MD

Mailing Address 8200 W Central Ave

City State Zip Code
Wichita KS 67212-9503

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

Name of Employer
West Wichita Family Physicians, PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: C942747

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Mark A Dickens

Mailing Address 2164 Commons Pkwy

City State Zip Code
Okemos MI 48864-3986

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

Name of Employer
Michigan Academy of Family Physicians

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: C932045

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
David Alan Ellington, MD

Mailing Address 146 S Main St

City State Zip Code
Lexington VA 24450-2356

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 ▼
1100.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: C929762

Amount of Each Receipt this Period
1100.00

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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 / 41
(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)
Roxanne Fahrenwald, MD

Mailing Address 123 S 27Th St Ste B

City State Zip Code
Billings MT 59101-4200

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

Name of Employer Occupation
RiverStone Health Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: C936525

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City State Zip Code
York PA 17403-3623

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

Name of Employer Occupation
Strategic Health Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: C933043

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code
Shreveport LA 71106-6125

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

Name of Employer Occupation
Amedisys, Inc. Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: C942225

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 41
(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)
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2502.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 0

Transaction ID: C933087

Amount of Each Receipt this Period

417.00

B.

Full Name (Last, First, Middle Initial)
Michael Edward Grady, MD

Mailing Address 220 Tillicum Dr

City State Zip Code
Silverton OR 97381-1886

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

Name of Employer Occupation
Silverton Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 0

Transaction ID: C926824

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Shuchi Gupta, MD

Mailing Address 24 Homeward Ln
Ste 2

City State Zip Code
Walpole MA 02081-2210

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

Name of Employer Occupation
Compass Medical Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 0

Transaction ID: C926817

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1032.00

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 / 41

(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)
Boyde Jerome Harrison, MD
Mailing Address 904 26th Street

City State Zip Code
Haleyville AL 35565-0655

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) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	0

Transaction ID: C942108

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Lori J Heim, MD
Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

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

Name of Employer Occupation
Scotland Memorial Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: C931854

Amount of Each Receipt this Period

416.67

C.

Full Name (Last, First, Middle Initial)
Daniel J Heinemann, MD
Mailing Address 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) ▼ 3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: C948297

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

966.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 41
(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)
Christina Marie Kelly, MD
Mailing Address 6502 62Nd Street Ct W
City State Zip Code
University Place WA 98467-4954
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Multicare Health System Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 / 28 / 2010
Transaction ID: C942224
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
James Darrel King, MD
Mailing Address 1 Prime Care Dr
City State Zip Code
Selmer TN 38375-1864
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Primecare Medical Center Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt: 06 / 01 / 2010
Transaction ID: C926421
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Sandra F King, RN
Mailing Address 1452 High School Rd
City State Zip Code
Selmer TN 38375-2342
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Unemployed Registered Nurse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 06 / 01 / 2010
Transaction ID: C926420
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 600.00
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 15 / 41
(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)
Laura C Knobel, MD

Mailing Address 3 Freedom Way

City State Zip Code
Walpole MA 02081-2290

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

Name of Employer self Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 18 / 2010
Transaction ID: C935801
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Timothy F Linder, MD

Mailing Address 1 Prime Care Dr

City State Zip Code
Selmer TN 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: C929757
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Monica Annette Lumpkin, MD

Mailing Address 5722 W Ivanhoe St

City State Zip Code
Chandler AZ 85226-1822

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 02 / 2010
Transaction ID: C926818
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 685.00

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 16 / 41
(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 Raye R Mabry, MD

Mailing Address 339 S Presa St

City San Antonio State TX Zip Code 78205-3425

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

Name of Employer Christus Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 22 / 2010

Transaction ID: C936681

Amount of Each Receipt this Period 120.00

B.

Full Name (Last, First, Middle Initial)
John F McCarthy, MD

Mailing Address 2510 S Southeast Blvd

City Spokane State WA Zip Code 99223-4929

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

Name of Employer Family Medicine Spokane Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 19 / 2010

Transaction ID: C936527

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Amy Kristen McIntyre, MD

Mailing Address 695 E Holly St Apt 302

City Boise State ID Zip Code 83712-7817

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

Name of Employer Family Medicine Residency of Idaho Occupation Resident Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2010

Transaction ID: C929758

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 535.00

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 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Samantha Easterly McLerran, MD
Mailing Address 500 W Main St
City Livingston State TN Zip Code 38570-1718
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 16 / 2010
Transaction ID: C933884
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Kevin P Mikus, MD
Mailing Address 2407 Plantation Center Dr, Ste 102
City Matthews State NC Zip Code 28105-6614
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolinas Physician Network Occupation Family Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 27 / 2010
Transaction ID: C942106
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Anne M Montgomery, MD
Mailing Address 104 W 5Th Ave Ste 200W
City Spokane State WA Zip Code 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 ▼ 600.00
Date of Receipt 06 / 08 / 2010
Transaction ID: C930324
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
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 18 / 41
(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)
Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City Columbia State MD Zip Code 21046-1480

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

Name of Employer Potomac Physicians, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 14 / 2010

Transaction ID: C933268

Amount of Each Receipt this Period 35.00

B.

Full Name (Last, First, Middle Initial)
Javette C Orgain, MD

Mailing Address PO BOX 806527

City Chicago State IL Zip Code 60680-4126

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

Name of Employer University of Illinois Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2010

Transaction ID: C933262

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Ralph Nichols Riley, MD

Mailing Address PO BOX 248
595 121 North

City Saluda State SC Zip Code 29138-0248

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

Name of Employer Riley Family Practice Associates, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: C942700

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1160.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 41
(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)
Kenneth M Ripp, MD

Mailing Address 1402 Slate St

City	State	Zip Code
Cloquet	MN	55720-3033

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

Name of Employer Raiter Clinic	Occupation Physician
-----------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: C943233

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
Glenn Sumner Rodriguez, MD

Mailing Address 1235 Ne 47Th Ave Ste 299

City	State	Zip Code
Portland	OR	97213-2100

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

Name of Employer Providence Health Services	Occupation Physician
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: C930236

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 2994 Frazell Rd

City	State	Zip Code
Hilliard	OH	43026-9785

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

Name of Employer Grant Medical Center	Occupation Physician
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: C942226

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 41
(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)
Maria A Schiaffino, MD

Mailing Address 4413 Paces Battle Nw

City Atlanta State GA Zip Code 30327-3023

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

Name of Employer: The Southeast Permanente Medical Group
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 13 / 2010
Transaction ID: C933096
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City Columbus State GA Zip Code 31906-1443

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

Name of Employer: Horizons Diagnostics LLC
Occupation: Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 11 / 2010
Transaction ID: C933041
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City Columbus State GA Zip Code 31906-1443

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

Name of Employer: Horizons Diagnostics LLC
Occupation: Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: C942705
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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FOR LINE NUMBER: PAGE 21 / 41
(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)
S Michael Sharp, MD

Mailing Address 38375 Country Club Dr
Apt 622

City State Zip Code
Bay Minette AL 36507-8303

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2010

Transaction ID: C930221

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City State Zip Code
Fort Worth TX 76109-5436

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

Name of Employer University of North Texas Health Scien Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2010

Transaction ID: C936532

Amount of Each Receipt this Period
36.50

C. Full Name (Last, First, Middle Initial)
Yvonne May Smikle, MD

Mailing Address 2350 Commonwealth Ave Apt 1-3

City State Zip Code
Auburndale MA 02466-1727

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2010

Transaction ID: C930051

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **196.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 41
(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)
Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City State Zip Code
Ellensburg WA 98926-3842

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

Name of Employer Valley Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: C933267

Amount of Each Receipt this Period
36.50

B.

Full Name (Last, First, Middle Initial)
Elizabeth Steiner, MD

Mailing Address 3181 Sw Sam Jackson Park Rd

City State Zip Code
Portland OR 97239-3011

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

Name of Employer Oregon Health & Science University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: C929787

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Windel A Stracener, MD

Mailing Address 1050 Reid Pkwy Ste 210
Ste 210

City State Zip Code
Richmond IN 47374-1160

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

Name of Employer Inpatient Management Inc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.31

Date of Receipt
MM / DD / YYYY
06 / 05 / 2010

Transaction ID: C930060

Amount of Each Receipt this Period
122.45

SUBTOTAL of Receipts This Page (optional) ► **658.95**

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 23 / 41
(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)
Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code
Spokane Valley WA 99216-2167

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

Name of Employer Occupation
Rockwood Clinic physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: C933042

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael P Temporal, MD

Mailing Address 180 S 3Rd St Ste 400

City State Zip Code
Belleville IL 62220-1952

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

Name of Employer Occupation
Saint Louis University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: C933565

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Lloyd P Van Winkle, MD

Mailing Address PO BOX 960

City State Zip Code
Castroville TX 78009-0960

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2010

Transaction ID: C942109

Amount of Each Receipt this Period
36.50

SUBTOTAL of Receipts This Page (optional) ► **578.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 41
(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)
Raymond R Walker, MD

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code
Bartlett TN 38135-5175

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

Name of Employer Tenet Healthcare Occupation Physician/Hospitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: C931856

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: C930230

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2010

Transaction ID: C936544

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 25 / 41
	(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 Andre Wherry, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 59 Tipton Dr		Transaction ID: C942713
City Dahlonega	State GA	Zip Code 30533-1603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Chestatee Regional Hospital	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) J Mack Worthington, MD		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 1100 E 3Rd St		Transaction ID: C926821
City Chattanooga	State TN	Zip Code 37403-2241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer University of Tennessee	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	14129.68

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

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

FOR LINE NUMBER: PAGE 26 / 41

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
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 ▼
3402.07

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2010

Transaction ID: C930220

Amount of Each Receipt this Period

129.16

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 ▼
3402.07

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2010

Transaction ID: C936697

Amount of Each Receipt this Period

743.75

SUBTOTAL of Receipts This Page (optional)

872.91

TOTAL This Period (last page this line number only)

872.91

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: D95199 Date of Disbursement 06 / 01 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 10.40
	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: D95200 Date of Disbursement 06 / 01 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 1.63
	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: D95201 Date of Disbursement 06 / 03 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 16.25
	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)	▶	28.28
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 28 / 41

<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: D95202 Date of Disbursement 06 / 07 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 1.14
	City Phoenix State AZ Zip Code 85072-3852	
	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: D95203 Date of Disbursement 06 / 08 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 52.00
	City Phoenix State AZ Zip Code 85072-3852	
	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: D95204 Date of Disbursement 06 / 09 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 11.77
	City Phoenix State AZ Zip Code 85072-3852	
	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)	▶	64.91
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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D95205 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	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="21.67"/>
	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: D95967 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	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="6.50"/>
	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: D95969 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	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="0.98"/>
	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="29.15"/>
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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D95971 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	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="7.74"/>
	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: D95972 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	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="6.36"/>
	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: D95974 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	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="2.49"/>
	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="16.59"/>
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.</p> <p>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: D95976</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1.01</p>
<p>B.</p> <p>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: D95977</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 17.44</p>
<p>C.</p> <p>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: D95979</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 4.26</p>

SUBTOTAL of Disbursements This Page (optional) ▶

22.71

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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <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) ▼	Transaction ID: D95981 Date of Disbursement 06 / 28 / 2010 Amount of Each Disbursement this Period 3.90
B.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <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) ▼	Transaction ID: D95208 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 585.79
C.	Full Name (Last, First, Middle Initial) Discover Network Mailing Address P O Box 52145 City Phoenix State AZ Zip Code 85072-2145 Purpose of Disbursement Bank card processing fee 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) ▼	Transaction ID: D95207 Date of Disbursement 06 / 02 / 2010 Amount of Each Disbursement this Period 36.60

SUBTOTAL of Disbursements This Page (optional) ▶	626.29
TOTAL This Period (last page this line number only) ▶	787.93

**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 33 / 41

<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) National Republican Congressional Committee	Transaction ID: D95128 Date of Disbursement 06 / 10 / 2010
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003-1838	
	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) PROGRESSIVE CHOICES PAC	Transaction ID: D95373 Date of Disbursement 06 / 21 / 2010
	Mailing Address P.O. BOX 58	Amount of Each Disbursement this Period 2500.00
	City EVANSTON State IL Zip Code 60204	
	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) ▼

C.	Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA	Transaction ID: D95133 Date of Disbursement 06 / 10 / 2010
	Mailing Address PO Box 993	Amount of Each Disbursement this Period 2500.00
	City Prescott State AZ Zip Code 86302	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Ann Kirkpatrick	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	20000.00
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) BETTY SUTTON FOR CONGRESS Mailing Address 1700 W. Market St. #155 City Akron State OH Zip Code 44313 Purpose of Disbursement Campaign contribution Candidate Name Rep. Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95129 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

B. Full Name (Last, First, Middle Initial) BILL OWENS FOR CONGRESS Mailing Address PO Box 1575 City Plattsburgh State NY Zip Code 12901 Purpose of Disbursement Campaign contribution Candidate Name Rep. Bill Owens Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95375 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

C. Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. Box 160 City Bellaire State OH Zip Code 43906 Purpose of Disbursement Campaign contribution Candidate Name Rep. Charlie Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95138 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

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

**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) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: D95137
	Mailing Address P.O. Box 127	Date of Disbursement 06 / 10 / 2010
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Christopher S. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 05	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: D95376
	Mailing Address PO Box 74	Date of Disbursement 06 / 21 / 2010
	City Syracuse State NY Zip Code 13214-0074	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Dan Maffei	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 25	

C.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: D95424
	Mailing Address 6380 Wilshire Blvd. #1612	Date of Disbursement 06 / 21 / 2010
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Henry A. Waxman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 30	

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

<p>A. Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE</p> <p>Mailing Address 607 14th Street N.W.</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Camaoign contribution</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95136 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS</p> <p>Mailing Address PO Box 274</p> <p>City Hopewell Junction State NY Zip Code 12533</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. John Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95132 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95134 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95131</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS</p> <p>Mailing Address PO Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Kathy Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95374</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS</p> <p>Mailing Address 607 Main St</p> <p>City Oregon City State OR Zip Code 97045-1832</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95160</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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) KILROY FOR CONGRESS Mailing Address P.O. Box 2582 City Columbus State OH Zip Code 43216 Purpose of Disbursement Campaign contribution Candidate Name Rep. Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95426 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS Mailing Address 5 South Side Dr #224 City Clifton Park State NY Zip Code 12065 Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95130 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address PO Box 636 City Annandale State VA Zip Code 22003-0636 Purpose of Disbursement Campaign contribution Candidate Name Rep. Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95377 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional)		6500.00	
TOTAL This Period (last page this line number only)			

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

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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 BLANCHE LINCOLN	Transaction ID: D95533 Date of Disbursement 06 / 29 / 2010
	Mailing Address PO BOX 3197	
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Blanche L. Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	Category/Type

B.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: D95139 Date of Disbursement 06 / 10 / 2010
	Mailing Address PO BOX 1496	
	City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Category/Type

C.	Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE	Transaction ID: D95532 Date of Disbursement 06 / 29 / 2010
	Mailing Address PO BOX 620062	
	City MIDDLETON State WI Zip Code 53562	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Russ Feingold Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 00	Category/Type

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

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

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

A.	Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE	Transaction ID: D95127
	Mailing Address PO Box 40385	Date of Disbursement MM / DD / YYYY 06 / 10 / 2010
	City Washington State DC Zip Code 20016-0385	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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:	

B.	Full Name (Last, First, Middle Initial) VINEPAC	Transaction ID: D95378
	Mailing Address 607 14th Street NW Suite 800	Date of Disbursement MM / DD / YYYY 06 / 21 / 2010
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Hon Mike Thompson	
	Office Sought: <input checked="" 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: CA District: 01	

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	78000.00