

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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

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	229332.45									
(c) Total Receipts (from Line 19)	19435.80	213275.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	248768.25	476486.36								
7. Total Disbursements (from Line 31)	42367.64	270085.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	206400.61	206400.61								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14890.85	168842.30
(ii) Unitemized	4000.77	40486.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18891.62	209328.93
(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)	18891.62	209328.93
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)	44.18	3446.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	500.00	500.00
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))	19435.80	213275.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19435.80	213275.18

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.....	367.64	4135.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	367.64	4135.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	265500.00
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))..	42367.64	270085.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42367.64	270085.75

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)	18891.62	209328.93
34. Total Contribution Refunds (from Line 28(d))	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18891.62	208878.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	367.64	4135.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	44.18	3446.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	323.46	689.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42
(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

<p>A. Full Name (Last, First, Middle Initial) Julie Kay Anderson, MD</p> <p>Mailing Address 1301 33rd St S</p> <p>City State Zip Code Saint Cloud MN 56301-9668</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer St. Cloud Medical Group Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2010</p> <p>Transaction ID: C952868</p> <p>Amount of Each Receipt this Period 365.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Frederic Baker, MD</p> <p>Mailing Address 32 Mark Cir</p> <p>City State Zip Code Holden MA 01520-1410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer UMMHC Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 261.84</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2010</p> <p>Transaction ID: C952833</p> <p>Amount of Each Receipt this Period 43.64</p>
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<p>C. Full Name (Last, First, Middle Initial) Justin V Bartos, MD</p> <p>Mailing Address 4351 Booth Calloway Rd Ste 101</p> <p>City State Zip Code North Richland Hil TX 76180-7319</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer North Hills Family Medicine Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 217.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2010</p> <p>Transaction ID: C953590</p> <p>Amount of Each Receipt this Period 31.00</p>
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SUBTOTAL of Receipts This Page (optional)	439.64
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 / 42

(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)
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 ▼
1456.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2010

Transaction ID: C950090

Amount of Each Receipt this Period
208.00

B.

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 ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: C959112

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Julia Lett Boothe, MD
Mailing Address PO BOX 347

City State Zip Code
Carrollton AL 35447-0347

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

Name of Employer Self Employed Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: C948303

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

808.00

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 / 42

(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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 271.01

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: C959078

Amount of Each Receipt this Period
30.42

B.

Full Name (Last, First, Middle Initial)
June G Bredin, MD

Mailing Address 4924 153Rd PI Sw

City State Zip Code
Edmonds WA 98026-4435

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

Name of Employer Occupation
Wa DSHS/Rainier School famly physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2010

Transaction ID: C950093

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Terence Patrick Cahill, MD

Mailing Address 525 N Moore St

City State Zip Code
Blue Earth MN 56013-1819

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

Name of Employer Occupation
UHD Clinics Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: C952873

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1060.42

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: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Judith Chamberlain, MD		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 10 Sea Grass Farm Rd		Transaction ID: C951761		
	City Brunswick	State ME	Zip Code 04011-7841	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Aetna	Occupation Medical Director, Medicaid Business Un			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00			

B.	Full Name (Last, First, Middle Initial) John Robert Clough, MD		Date of Receipt MM / DD / YYYY 07 / 29 / 2010		
	Mailing Address 5751 Bradford Hicks Dr		Transaction ID: C959736		
	City Livingston	State TN	Zip Code 38570-2237	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD		Date of Receipt MM / DD / YYYY 07 / 05 / 2010		
	Mailing Address 900 Ne 10Th St		Transaction ID: C946946		
	City Oklahoma City	State OK	Zip Code 73104-5420	Amount of Each Receipt this Period 230.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Oklahoma	Occupation Physician Faculty			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1380.00			

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
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 / 42

(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)
Mary Margaret Crestani, MD

Mailing Address 301 Governors Dr Sw

City State Zip Code
Huntsville AL 35801-5122

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

Name of Employer Occupation
Univ. of AL Sch of Med - Huntsville Re Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2010

Transaction ID: C958019

Amount of Each Receipt this Period

45.00

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 Occupation
Prime Care Physicians Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: C953233

Amount of Each Receipt this Period

500.00

C.

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 Occupation
Michigan Academy of Family Physicians CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2010

Transaction ID: C948211

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

605.00

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 / 42
(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)
Glenn Vance Dregansky, DO

Mailing Address 2118 Stoneybrook Ln

City State Zip Code
Temperance MI 48182-9466

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

Name of Employer Occupation
ProMedica Physicians Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: C957693

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Sheridan Scott Evans, MD

Mailing Address 417 Shumate Dr

City State Zip Code
Mckinney TX 75071-7851

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt
MM / DD / YYYY
07 / 18 / 2010

Transaction ID: C952837

Amount of Each Receipt this Period
31.50

C.

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 ▼ 2450.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2010

Transaction ID: C948215

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **631.50**

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 12 / 42
(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)
Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City State Zip Code
Silver Spring MD 20901-4917

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

Name of Employer Occupation
USN Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2010

Transaction ID: C946939

Amount of Each Receipt this Period
35.00

B.

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 ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: C959266

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Patricia Fontaine Conboy, MD

Mailing Address 717 Delaware St Se Rm 454

City State Zip Code
Minneapolis MN 55414-2959

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

Name of Employer Occupation
University of Minnesota Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: C952867

Amount of Each Receipt this Period
865.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 / 42

(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)
Daron W Gersch, MD

Mailing Address 310 Golfview Dr

City Albany State MN Zip Code 56307-9315

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

Name of Employer Albany Area Hospital & Medical Center Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: C953485

Amount of Each Receipt this Period

365.00

B.

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

Mailing Address 1600 Providence Dr

City Waco State TX Zip Code 76707-2261

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

Name of Employer Family Practice Center Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2919.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: C948341

Amount of Each Receipt this Period

417.00

C.

Full Name (Last, First, Middle Initial)
Victor M Grillo, MD

Mailing Address PO BOX 9324

City Caguas State PR Zip Code 00726-9324

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
07 / 26 / 2010

Transaction ID: C959077

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional) ►

842.00

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 / 42
(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)
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) ▼ 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 27 / 2010
Transaction ID: C959111
 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) ▼ 2916.69
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2010
Transaction ID: C948213
 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) ▼ 3500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2010
Transaction ID: C954049
 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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 42

(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)
Beulette Y Hooks, MD

Mailing Address 7286 E Wynfield Loop

City Midland State GA Zip Code 31820-3925

FEC ID number of contributing federal political committee. C

Name of Employer DOD Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 05 / 2010

Transaction ID: C946950

Amount of Each Receipt this Period 91.25

B.

Full Name (Last, First, Middle Initial)
David Roy Howlett, MD

Mailing Address 154 Eastview Dr

City Windsor State CT Zip Code 06095-1815

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 07 / 26 / 2010

Transaction ID: C959079

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Elvin C Irvin, MD

Mailing Address 555 East Cheves Street

City Florence State SC Zip Code 29502

FEC ID number of contributing federal political committee. C

Name of Employer Baptist Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010

Transaction ID: C952797

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 506.25

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 / 42
(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)
Rebecca Jaffe, MD

Mailing Address 3105 Limestone Rd
Ste 300

City State Zip Code
Wilmington DE 19808-2156

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

Name of Employer Occupation
Rebecca Jaffe and Asso, physician
PA

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: C959263

Amount of Each Receipt this Period
1000.00

B. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: C959267

Amount of Each Receipt this Period
50.00

C. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2010

Transaction ID: C945291

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 / 42

(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) Sandra F King, RN		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 1452 High School Rd		Transaction ID: C945292		
	City Selmer	State TN	Zip Code 38375-2342	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Unemployed	Occupation Registered Nurse			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Laura C Knobel, MD		Date of Receipt MM / DD / YYYY 07 / 18 / 2010		
	Mailing Address 3 Freedom Way		Transaction ID: C952838		
	City Walpole	State MA	Zip Code 02081-2290	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00			

C.	Full Name (Last, First, Middle Initial) Darlene L Lawrence, MD		Date of Receipt MM / DD / YYYY 07 / 14 / 2010		
	Mailing Address PO BOX 29182		Transaction ID: C950899		
	City Washington	State DC	Zip Code 20017-0182	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medstar	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.94			

SUBTOTAL of Receipts This Page (optional) ▶

205.42

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 18 / 42
(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)
Lynne Marie B Lillie, MD
Mailing Address 4446 Jack Pine Trl N

City State Zip Code
Lake Elmo MN 55042-9522

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

Name of Employer Health East Clinic Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 07 / 19 / 2010
Transaction ID: C953490
Amount of Each Receipt this Period: 365.00

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 ▼ 3500.00

Date of Receipt: 07 / 04 / 2010
Transaction ID: C946943
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Leah Raye R Mabry, MD
Mailing Address 339 S Presa St

City State Zip Code
San Antonio TX 78205-3425

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

Name of Employer Christus Health Care Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: C955104
Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► 985.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<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) Michael L Madden, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 4907 Windermere Blvd		Transaction ID: C953474
	City Alexandria	State LA	Zip Code 71303-2459
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer L.S. U. HSC	Occupation Physician	Aggregate Year-to-Date 365.00

B.	Full Name (Last, First, Middle Initial) Amy Kristen McIntyre, MD		Date of Receipt MM / DD / YYYY 07 / 04 / 2010
	Mailing Address 695 E Holly St Apt 302		Transaction ID: C946944
	City Boise	State ID	Zip Code 83712-7817
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Family Medicine Residency of Idaho	Occupation Resident Physician	Aggregate Year-to-Date 300.00

C.	Full Name (Last, First, Middle Initial) Samantha Easterly McLerran, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 500 W Main St		Transaction ID: C952799
	City Livingston	State TN	Zip Code 38570-1718
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation Medical Doctor	Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional)	515.00
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 20 / 42

(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)
Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code
Matthews NC 28105-6614

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

Name of Employer Occupation
Carolinas Physician Network Family Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: C959110

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

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

Name of Employer Occupation
Inland Empire Hospital Services Associ Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: C947832

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Mary F Myrick, MD

Mailing Address 5545 Portage Point 11.4 Ln

City State Zip Code
Escanaba MI 49829-9625

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

Name of Employer Occupation
OSF Medical Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2010

Transaction ID: C959734

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42
(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 ▼ 245.00

Date of Receipt 07 / 14 / 2010

Transaction ID: C950900

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 ▼ 375.00

Date of Receipt 07 / 14 / 2010

Transaction ID: C950904

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Kenneth Dewayne Parrott, MD

Mailing Address PO BOX 389

City Okeene State OK Zip Code 73763-0389

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

Name of Employer Okeene Memorial Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 23 / 2010

Transaction ID: C958005

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 22 / 42

(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)
Danny Lynn Proffitt, MD

Mailing Address 1125 N. College Ave

City State Zip Code
Fayetteville AR 72703-1908

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

Name of Employer
UAMS AHEC-NW Family Practice Residency

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2010

Transaction ID: C946938

Amount of Each Receipt this Period

250.00

B.

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: C953510

Amount of Each Receipt this Period

200.00

C.

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: C959794

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

485.00

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 23 / 42
(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)
Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City Hilliard State OH Zip Code 43026-9785

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

Name of Employer Grant Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2010

Transaction ID: C959268

Amount of Each Receipt this Period
100.00

B.

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2010

Transaction ID: C950094

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Larry A Severa, MD

Mailing Address 61 Calendula Ct

City Billings State MT Zip Code 59105-2379

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

Name of Employer Billings Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: C955102

Amount of Each Receipt this Period
36.50

SUBTOTAL of Receipts This Page (optional) ► **186.50**

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 / 42
(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)
George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City State Zip Code
Columbus GA 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 ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2010

Transaction ID: C948216

Amount of Each Receipt this Period
200.00

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 ▼
390.50

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: C953235

Amount of Each Receipt this Period
36.50

C.

Full Name (Last, First, Middle Initial)
Brent Smith, MD

Mailing Address 285 Normandy Cir

City State Zip Code
Madison MS 39110-9057

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

Name of Employer: University of Mississippi Medical Cent
Occupation: House Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.50

Date of Receipt
MM / DD / YYYY
07 / 10 / 2010

Transaction ID: C948210

Amount of Each Receipt this Period
30.50

SUBTOTAL of Receipts This Page (optional) ► **267.00**

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 / 42
(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 Occupation
Valley Clinic Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2010

Transaction ID: C950896

Amount of Each Receipt this Period
36.50

B.

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 Occupation
Inpatient Management Inc Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 387.76

Date of Receipt

M M / D D / Y Y Y Y
07 / 05 / 2010

Transaction ID: C946954

Amount of Each Receipt this Period
122.45

C.

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 ▼ 3500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2010

Transaction ID: C948214

Amount of Each Receipt this Period
500.00

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 26 / 42
(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)
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 ▼ 294.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: C951762

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
David Bruce Tribble, MD

Mailing Address 7157 Forrest Oaks Dr

City State Zip Code
Nashville TN 37221-3967

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

Name of Employer Occupation
A Live Hospice Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: C959735

Amount of Each Receipt this Period
365.00

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 ▼ 255.50

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: C959113

Amount of Each Receipt this Period
36.50

SUBTOTAL of Receipts This Page (optional) ► **443.50**

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 27 / 42
(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 ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2010

Transaction ID: C948212

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: C954050

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
J Mack Worthington, MD

Mailing Address 1100 E 3Rd St

City State Zip Code
Chattanooga TN 37403-2241

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

Name of Employer University of Tennessee Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: C946896

Amount of Each Receipt this Period
100.00

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

TOTAL This Period (last page this line number only) ▶ **14890.85**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 42
(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 ▼
3446.25

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: C948560

Amount of Each Receipt this Period
44.18

SUBTOTAL of Receipts This Page (optional)	▶	44.18
TOTAL This Period (last page this line number only)	▶	44.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 42
(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)
CITIZENS FOR ARLEN SPECTER

Mailing Address 3502 PRESTON COURT
CARRIAGE HOUSE

City State Zip Code
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C** C00280206

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: C956181

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

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

FOR LINE NUMBER: (check only one)

<input 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: D96317 Date of Disbursement 07 / 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 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: D96318 Date of Disbursement 07 / 02 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 9.75
	Purpose of Disbursement Bank card processing fee 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: D96319 Date of Disbursement 07 / 07 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 1.14
	Purpose of Disbursement Bank card processing fee 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)	12.52
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D96320 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="16.25"/>
	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: D96321 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="10.47"/>
	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: D96322 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="48.39"/>
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: D96323 Date of Disbursement 07 / 15 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 6.50
	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: D96509 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 0.98
	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: D96510 Date of Disbursement 07 / 19 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 7.74
	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)	15.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D96511 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="7.37"/>
	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: D96512 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D96513 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	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="27.19"/>
	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="37.05"/>
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 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: D96514 Date of Disbursement 07 / 26 / 2010
	Amount of Each Disbursement this Period 1.01 Category/Type

B. 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: D96515 Date of Disbursement 07 / 26 / 2010
	Amount of Each Disbursement this Period 0.65 Category/Type

C. 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: D96516 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 1.30 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2.96
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 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) Bank Of America Merchant Services <hr/> Mailing Address WA2-505-01-40 PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> 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: D96315 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 239.47 Category/Type
B. Full Name (Last, First, Middle Initial) Discover Network <hr/> Mailing Address P O Box 52145 <hr/> City Phoenix State AZ Zip Code 85072-2145 <hr/> Purpose of Disbursement Bank card processing fee Candidate Name <hr/> 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: D96316 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 12.03 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

251.50

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

367.64

**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 36 / 42

<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) Barnett for Congress	Transaction ID: D96279 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 1937	Amount of Each Disbursement this Period 5000.00
	City Emporia State KS Zip Code 66801-1937	
	Purpose of Disbursement Campaign contributions	Category/Type
	Candidate Name Dr. James A Barnett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW	Transaction ID: D96400 Date of Disbursement 07 / 26 / 2010
	Mailing Address 607 14TH STREET NW SUITE 800	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20005	
	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) ANNA ESHOO FOR CONGRESS	Transaction ID: D96271 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 636	Amount of Each Disbursement this Period 2500.00
	City Annandale State VA Zip Code 22003-0636	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Anna Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS</p> <p>Mailing Address 1736 FRANKLIN STREET #400</p> <p>City OAKLAND State CA Zip Code 94612</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Barbara Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 09</p>	<p>Transaction ID: D96469</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p>	<p>Transaction ID: D96274</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Eliot Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 17</p>	<p>Transaction ID: D96278</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

A.	Full Name (Last, First, Middle Initial) Jim Clyburn Campaign Committee	Transaction ID: D96268 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 2500.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. James Clyburn	
	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: SC District: 06	

B.	Full Name (Last, First, Middle Initial) Moran for Kansas	Transaction ID: D96280 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 1151	Amount of Each Disbursement this Period 2500.00
	City Hays State KS Zip Code 67601-1151	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. Jerry Moran	
	Office Sought: <input type="checkbox"/> House <input checked="" 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: KS District:	

C.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	Transaction ID: D96275 Date of Disbursement 07 / 16 / 2010
	Mailing Address P.O. Box 1236	Amount of Each Disbursement this Period 1500.00
	City Minden State LA Zip Code 71058	
	Purpose of Disbursement Campaign contribution	Category/Type
	Candidate Name Rep. John Fleming	
	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: LA District: 04	

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

A. Full Name (Last, First, Middle Initial)
LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address 6 E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Lucille Roybal-Allard

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 34

Transaction ID: D96470

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Paul D. Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 21

Transaction ID: D96272

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 01

Transaction ID: D96269

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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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) GINGREY FOR CONGRESS	Transaction ID: D96266 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box U	Amount of Each Disbursement this Period 3000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Phil Gingrey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: D96273 Date of Disbursement 07 / 16 / 2010
	Mailing Address 4201 Northview Dr Ste 307	Amount of Each Disbursement this Period 2500.00
	City Bowie State MD Zip Code 20716-2643	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: D96270 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 37091	Amount of Each Disbursement this Period 2500.00
	City Charlotte State NC Zip Code 28237-7091	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. Sue Myrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Republican MainStreet Partnership PAC	Transaction ID: D96264 Date of Disbursement 07 / 16 / 2010
	Mailing Address 1220 L St NW Ste 100-263	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005-4018	
	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) Gillibrand for Senate	Transaction ID: D96276 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 15734	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20003-0734	
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Kirsten E Gillibrand	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: D96277 Date of Disbursement 07 / 16 / 2010
	Mailing Address PO Box 15734	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-0734	
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Kirsten E Gillibrand	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**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)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Transaction ID: D96265

Date of Disbursement

Mailing Address PO Box 3662

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

City State Zip Code
Seattle WA 98124-3662

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign contribution

Category/
Type

Candidate Name
Sen. Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

42000.00