

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 54
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Ted Dee Epperly, MD

Mailing Address 777 N Raymond St

City State Zip Code
Boise ID 83704-9251

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

Name of Employer
Family Medicine Residency of Ohio

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: C913737

Amount of Each Receipt this Period
1100.00

B.

Full Name (Last, First, Middle Initial)
James G Fieseher, MD

Mailing Address 330 Borthwick Ave Ste 210

City State Zip Code
Portsmouth NH 03801-7111

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

Name of Employer
Self Employed

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: C917721

Amount of Each Receipt this Period
365.00

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
Strategic Health Institute

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: C917045

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1815.00**

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