



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		402137.22
(b) Cash on Hand at Beginning of Reporting Period.....	402137.22	
(c) Total Receipts (from Line 19) .....	16575.50	16575.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	418712.72	418712.72
7. Total Disbursements (from Line 31).....	863.04	863.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	417849.68	417849.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Family Physicians Political Action Committee**

Report Covering the Period: From:  /  /  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).....	9753.33	9753.33
(ii) Unitemized .....	6283.50	6283.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	16036.83	16036.83
(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) .....	16036.83	16036.83
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).....	538.67	538.67
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 Transfers (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))..... ▶	16575.50	16575.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16575.50	16575.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	264.71	264.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	264.71	264.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	598.33	598.33
(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)).....	598.33	598.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	863.04	863.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	863.04	863.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	16036.83	16036.83
34. Total Contribution Refunds (from Line 28(d)) .....	598.33	598.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15438.50	15438.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	264.71	264.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	538.67	538.67
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-273.96	-273.96

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Amended to correct data entry error

Form/Schedule:  
Transaction ID:

**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 7 OF 17
	<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	<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**

Full Name (Last, First, Middle Initial) <b>A. Stephen Carl Albrecht MD</b>		Date of Receipt
Mailing Address 5909 Swayne Dr NE		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Olympia	WA	98516-9547
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1905533</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Capital Physicians LLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven C Brandon MD</b>		Date of Receipt
Mailing Address 501 Hospital Rd		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Starkville	MS	39759-2158
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1905541</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Leonard H. Brandon, MD, PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Ford</b>		Date of Receipt
Mailing Address PO Box 797 1103 Buffalo Bend		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lexington	NE	68850-0797
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1978426</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Retired	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="0.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="980.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 8 OF 17
	<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	<input type="checkbox"/> 17

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

**A. Joseph W Gravel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Patriot Way  
 City North Reading State MA Zip Code 01864-3225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Lawrence FHC 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 Y Y  
 01 / 26 / 2013  
**Transaction ID : C1913507**  
 Amount of Each Receipt this Period  
**365.00**

**B. Vincent D Keenan CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Exec Vice President - IL AFP  
 4756 Main St  
 City Lisle State IL Zip Code 60532-1724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Illinois Academy of Family Physicians Occupation Association Exec.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2013  
**Transaction ID : C1917628**  
 Amount of Each Receipt this Period  
**500.00**

**C. James Joseph Ledwith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Flynn Rd  
 City Franklin State MA Zip Code 02038-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMass Medical School Occupation Residency Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2013  
**Transaction ID : C1913484**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1365.00</b>
<b>TOTAL</b> 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 OF 17
	<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	<input type="checkbox"/> 17

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

**A. Jeffrey F Markuns MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Ipswich Rd  
 City Boxford State MA Zip Code 01921-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston University Family Medicine, Inc 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 Y Y  
 01 / 16 / 2013  
**Transaction ID : C1905637**  
 Amount of Each Receipt this Period  
**500.00**

**B. David Arthur McClellan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4911 Park Row Pl  
 City Bryan State TX Zip Code 77802-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas A&M Health Science 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 Y Y  
 01 / 16 / 2013  
**Transaction ID : C1905640**  
 Amount of Each Receipt this Period  
**365.00**

**C. Timothy R McCurry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1420 Garden St  
 City Park Ridge State IL Zip Code 60068-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rainbow Hospice 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 Y Y  
 01 / 16 / 2013  
**Transaction ID : C1905641**  
 Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1230.00</b>
<b>TOTAL</b> 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 10 OF 17
	<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	<input type="checkbox"/> 17

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

**A. Kathleen J Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Oak Ridge Dr  
 City Decatur State IL Zip Code 62521-4661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired 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 Y Y  
 01 / 16 / 2013  
**Transaction ID : C1905642**  
 Amount of Each Receipt this Period  
**365.00**

**B. Anne M Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 S Martin St  
 City Spokane State WA Zip Code 99203-3751  
 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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2013  
**Transaction ID : C1912066**  
 Amount of Each Receipt this Period  
**250.00**

**C. Yvette Oquendo Md Oquendo MD**  
 Full Name (Last, First, Middle Initial)  
 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 Chase Brexton Health Services 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 Y Y  
 01 / 21 / 2013  
**Transaction ID : C1905700**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1115.00</b>
<b>TOTAL</b> 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 11 OF 17
	<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	<input type="checkbox"/> 17

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

**A. Sterling N Ransone MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 Deer Path  
 P O Box 711  
 City Cobbs Creek State VA Zip Code 23035-0711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Medical Group 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 Y Y  
 01 / 23 / 2013  
**Transaction ID : C1910814**  
 Amount of Each Receipt this Period  
**365.00**

**B. Elisabeth L Righter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 267 Park Dr  
 City Dayton State OH Zip Code 45410-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright State University BSM Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2013  
**Transaction ID : C1917858**  
 Amount of Each Receipt this Period  
**333.33**

**C. Dennis F Salisbury MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 W Diamond St  
 City Butte State MT Zip Code 59701-1526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. James Healthcare Occupation Physician and Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2013  
**Transaction ID : C1889977**  
 Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3198.33**  
**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 12 OF 17
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Suraj P Verma Verma</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 <b>Transaction ID : C1917738</b>
Mailing Address 1595 Robb Drive Suite 2		Amount of Each Receipt this Period 365.00
City Reno	State NV	Zip Code 89523
FEC ID number of contributing federal political committee. C		
Name of Employer Prime Healthcare	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Randell K Wexler MD</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2013 <b>Transaction ID : C1905776</b>
Mailing Address 6040 Haybury Dr		Amount of Each Receipt this Period 500.00
City New Albany	State OH	Zip Code 43054-8691
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Julian Mack Worthington MD</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : C1918876</b>
Mailing Address 1100 E 3Rd St		Amount of Each Receipt this Period 1000.00
City Chattanooga	State TN	Zip Code 37403-2241
FEC ID number of contributing federal political committee. C		
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9753.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 17  
(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**

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 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 ▼  
538.67

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2013  
**Transaction ID : C1902194**

Amount of Each Receipt this Period  
538.67

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	538.67
<b>TOTAL</b> This Period (last page this line number only).....▶	538.67

**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

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**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2013

**Transaction ID : D139986**

Amount of Each Disbursement this Period

12.19

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2013

**Transaction ID : D140037**

Amount of Each Disbursement this Period

81.25

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2013

**Transaction ID : D140265**

Amount of Each Disbursement this Period

3.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

96.69

**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**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2013

**Transaction ID : D140266**

Amount of Each Disbursement this Period

1.37

Full Name (Last, First, Middle Initial)

**B. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2013

**Transaction ID : D140267**

Amount of Each Disbursement this Period

4.06

Full Name (Last, First, Middle Initial)

**C. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2013

**Transaction ID : D140268**

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

13.38

**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**

Full Name (Last, First, Middle Initial)

**A. 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:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2013

**Transaction ID : D139987**

Amount of Each Disbursement this Period

92.83
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Full Name (Last, First, Middle Initial)

**B. 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:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2013

**Transaction ID : D139988**

Amount of Each Disbursement this Period

61.81
-------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

154.64
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264.71
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**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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**

Full Name (Last, First, Middle Initial)

**A. Dr. John Ford**

Mailing Address PO Box 797  
1103 Buffalo Bend

City Lexington State NE Zip Code 68850-0797

Purpose of Disbursement  
Refund of donation to PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2013

**Transaction ID : D143481**

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Dr. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City Dayton State OH Zip Code 45410-1315

Purpose of Disbursement  
Partial refund of incorrectly entered donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2013

**Transaction ID : D140223**

Amount of Each Disbursement this Period

233.33

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

598.33

598.33