

**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"/>		<input type="text" value="402087.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="395714.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36700.17"/>	<input type="text" value="409045.66"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="432414.65"/>	<input type="text" value="811132.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23371.05"/>	<input type="text" value="402089.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="409043.60"/>	<input type="text" value="409043.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: M M / D D / Y Y Y Y 12 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	16217.00	262320.47
(ii) Unitemized	19423.00	134424.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35640.00	396744.53
(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)	35640.00	396744.53
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).....	1060.17	4801.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
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))..... ▶	36700.17	409045.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36700.17	409045.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	371.05	5870.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	371.05	5870.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	395000.00
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	0.00	1218.33
(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)).....	0.00	1218.33
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)) ..	23371.05	402089.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23371.05	402089.28

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)	35640.00	396744.53
34. Total Contribution Refunds (from Line 28(d))	0.00	1218.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35640.00	395526.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	371.05	5870.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1060.17	4801.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-689.12	1069.82

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 38
	<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	

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. Jerome W Bentz MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013
Mailing Address PO Box 873		Transaction ID : C2512985
City Platte	State SD	Zip Code 57369-0873
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
Name of Employer Platte Health Center	Occupation 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. Catherine M Blackband MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2013
Mailing Address 5002 Nw 18Th Pl		Transaction ID : C2506134
City Gainesville	State FL	Zip Code 32605-3430
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
Name of Employer Shands Medical Group At Magnolia Park	Occupation 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) C. Reid B Blackwelder MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2013
Mailing Address 4407 Leedy Rd 201 Cassel Dr		Transaction ID : C2510393
City Kingsport	State TN	Zip Code 37664-2117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Quillen College of Medicine	Occupation Professor, Family Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	830.00
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 8 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Jeffrey M Byrne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Rolling Green Ln
 City Chelmsford State MA Zip Code 01824-4469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHELMSFORD FAMILY PRACTICE, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2522629
 Amount of Each Receipt this Period
 500.00

B. Angela Caffaratti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Delegate Dr
 City Columbus State OH Zip Code 43235-1470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MT CARMEL MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : C2501592
 Amount of Each Receipt this Period
 50.00

c. Thomas Lothrop Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1666 Clover St
 City Rochester State NY Zip Code 14618-2518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2522651
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 9 OF 38
	<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. John R Carroll MD
Full Name (Last, First, Middle Initial)

Mailing Address 2226 Ashwood Dr

City Carroll State IA Zip Code 51401-3413

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

Name of Employer McFarland Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C2522665

Amount of Each Receipt this Period
 370.00

B. Lee Marvin Carter MD
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 506

City Huntingdon State TN Zip Code 38344-0506

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 ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C2521601

Amount of Each Receipt this Period
 100.00

c. Dennis Chang MD
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Loganrita Ave

City Arcadia State CA Zip Code 91006-4540

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : C2518053

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.00

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 10 OF 38
	<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

Full Name (Last, First, Middle Initial) A. Susan Archer Chiarito MD			Date of Receipt 12 / 16 / 2013 Transaction ID : C2514197
Mailing Address 1901 Mission 66			Amount of Each Receipt this Period 41.00
City Vicksburg	State MS	Zip Code 39180-3711	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 428.00
Name of Employer Mission Primary Care Clinic		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Susan Archer Chiarito MD			Date of Receipt 12 / 30 / 2013 Transaction ID : C2524243
Mailing Address 1901 Mission 66			Amount of Each Receipt this Period 100.00
City Vicksburg	State MS	Zip Code 39180-3711	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 428.00
Name of Employer Mission Primary Care Clinic		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Deborah S Clements MD			Date of Receipt 12 / 16 / 2013 Transaction ID : C2515217
Mailing Address 10529 Walmer St			Amount of Each Receipt this Period 365.00
City Overland Park	State KS	Zip Code 66212-1886	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer University of Kansas Medical Center		Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	506.00
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 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Steven A Crawford MD
Full Name (Last, First, Middle Initial)

Mailing Address 900 NE 10th St

City Oklahoma City State OK Zip Code 73104-5420

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

Name of Employer University of Oklahoma Occupation Physician Faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C2520514

Amount of Each Receipt this Period
 340.92

B. Brian K Crownover MD
Full Name (Last, First, Middle Initial)

Mailing Address 4811 N Mountain View Dr

City Boise State ID Zip Code 83704-3046

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

Name of Employer A New Leaf, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : C2521454

Amount of Each Receipt this Period
 365.00

C. Kisha Nicole Davis Davis
Full Name (Last, First, Middle Initial)

Mailing Address 12342 Fellowship Ln

City North Potomac State MD Zip Code 20878-3403

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

Name of Employer Chase Brexton Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : C2520253

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	735.92
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 38
	<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. Paul W Davis MD
Full Name (Last, First, Middle Initial)

Mailing Address 9801 Homestead Trl

City Anchorage State AK Zip Code 99507-6765

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

Name of Employer Alaska Native Tribal Health Consortium Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
12 / 16 / 2013
Transaction ID : C2515212

Amount of Each Receipt this Period
365.00

B. Barbara J Doty MD
Full Name (Last, First, Middle Initial)

Mailing Address 2250 S Woodworth Loop Ste 100

City Palmer State AK Zip Code 99645-7457

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

Name of Employer Providence Matanuska Health care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt
12 / 11 / 2013
Transaction ID : C2511181

Amount of Each Receipt this Period
365.00

C. Elisabeth K Farnum MD
Full Name (Last, First, Middle Initial)

Mailing Address 33 Hyland Ave

City East Greenwich State RI Zip Code 02818-2901

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

Name of Employer Kent Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
12 / 26 / 2013
Transaction ID : C2520880

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 760.00

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 OF 38
(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. Seth Yawki Flagg MD
 Full Name (Last, First, Middle Initial)
 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 Physcain
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : C2507135
 Amount of Each Receipt this Period
 35.00

B. Beth Anne Fox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1445
 City State Zip Code
 Kingsport TN 37662-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ETSU Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : C2515218
 Amount of Each Receipt this Period
 250.00

C. Joseph W Gravel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Patriot Way
 City State Zip Code
 North Reading MA 01864-3225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greater Lawrence Family Health Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : C2517240
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 14 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. Jeffrey Scott Grove MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2013 Transaction ID : C2499887
Mailing Address 11 Baymont St Apt 1002		Amount of Each Receipt this Period 250.00
City Clearwater	State FL	Zip Code 33767-1720
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. James Wesley Guyer MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2013 Transaction ID : C2518043
Mailing Address 3314 Jack Burke Ln		Amount of Each Receipt this Period 500.00
City Billings	State MT	Zip Code 59106-1112
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 ▼ 865.00	

Full Name (Last, First, Middle Initial) C. Colette Susan Haywood		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : C2512944
Mailing Address 1138 Harbor Dr		Amount of Each Receipt this Period 250.00
City North Fort Myers	State FL	Zip Code 33917-5319
FEC ID number of contributing federal political committee. C		
Name of Employer Family Health Centers of Southwest Flo	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 15 OF 38
	<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. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W 18th St
 City Sioux Falls State SD Zip Code 57105-0401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sioux Valley Health Systems Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : C2503519
 Amount of Each Receipt this Period
 100.00

B. Leonard Marc Horowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Federal St
 City Danvers State MA Zip Code 01923-3668
 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
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2524251
 Amount of Each Receipt this Period
 365.00

C. Thu Nguyen Howell Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Neilson Way Unit 301
 City Santa Monica State CA Zip Code 90405-2281
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2013
Transaction ID : C2520483
 Amount of Each Receipt this Period
 60.00

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: (check only one)	PAGE 16 OF 38
	<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. Elvin C Irvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E Cheves St
 City Florence State SC Zip Code 29506-2617
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : C2524193
 Amount of Each Receipt this Period
 91.50

B. Donald Leland Ives MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 440
 City Ester State AK Zip Code 99725-0440
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : C2514196
 Amount of Each Receipt this Period
 50.00

C. Daniel Justin Joyce DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Apple Creek Dr
 1028 Saint Andrews Dr Apt 201
 City Elgin State OK Zip Code 73538-8400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2522637
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	391.50
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: (check only one)	PAGE 17 OF 38
	<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. Laura Rachel Kaufman MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2919 Sunset Dr W
 City State Zip Code
 University Place WA 98466-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Group Health Permanente physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2013
Transaction ID : C2521592
 Amount of Each Receipt this Period
 365.00

B. Gregory King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Vail Rd
 City State Zip Code
 Bennington VT 05201-9597
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : C2507199
 Amount of Each Receipt this Period
 50.00

C. Don R Klitgaard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Onyx Dr
 City State Zip Code
 Harlan IA 51537-1543
 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : C2501591
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	665.00
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 18 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. Rakesh Koul MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013 Transaction ID : C2522437
Mailing Address 63 Wilson Ave		Amount of Each Receipt this Period 365.00
City Westbury	State NY	Zip Code 11590-2114
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carol A LaCroix MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2013 Transaction ID : C2506139
Mailing Address 2727 S 144Th St Ste 140		Amount of Each Receipt this Period 365.00
City Omaha	State NE	Zip Code 68144-5226
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer UNMC Physicians	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. C Tim Lambert MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013 Transaction ID : C2522749
Mailing Address 1905 Chapel Cv Ste 340		Amount of Each Receipt this Period 365.00
City Rowlett	State TX	Zip Code 75088-1571
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer Baylor Family Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 19 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Robert A Lee MD
Full Name (Last, First, Middle Initial)

Mailing Address 9116 Hammontree Dr

City Urbandale State IA Zip Code 50322-7427

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

Name of Employer Lee and Ruisch Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2013

Transaction ID : C2520508

Amount of Each Receipt this Period
365.00

B. Richard F Madden MD
Full Name (Last, First, Middle Initial)

Mailing Address 609 Christopher Dr

City Belen State NM Zip Code 87002-2615

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

Name of Employer Presbyterian Healthcare Services Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C2524262

Amount of Each Receipt this Period
500.00

C. Kevin B Martin MD
Full Name (Last, First, Middle Initial)

Mailing Address 2903 219th Ave E

City Lake Tapps State WA Zip Code 98391-5634

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

Name of Employer Life Care Physician Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2013

Transaction ID : C2514166

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	915.00
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 20 OF 38
	<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. Stephen E Martiny Martiny
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Woodland Cir
 City Milledgeville State GA Zip Code 31061-2463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Fulton County Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : C2515096
 Amount of Each Receipt this Period
 365.00

B. Gregory P McCue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Road 6NS
 City Cody State WY Zip Code 82414-8824
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : C2515213
 Amount of Each Receipt this Period
 365.00

C. Amy Kristen McIntyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 W Diamond St
 City Butte State MT Zip Code 59701-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Butte Community Health Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : C2507134
 Amount of Each Receipt this Period
 33.18

SUBTOTAL of Receipts This Page (optional).....▶	763.18
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 21 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. John S Meigs MD		Date of Receipt 12 / 12 / 2013 Transaction ID : C2512980
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 50.00
City Brent	State AL	Zip Code 35034-0289
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 ▼ 1075.00	

Full Name (Last, First, Middle Initial) B. John S Meigs MD		Date of Receipt 12 / 30 / 2013 Transaction ID : C2522447
Mailing Address PO Box 289 100 Serendipity Dr		Amount of Each Receipt this Period 75.00
City Brent	State AL	Zip Code 35034-0289
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 ▼ 1075.00	

Full Name (Last, First, Middle Initial) C. Kelli Melvin MD		Date of Receipt 12 / 30 / 2013 Transaction ID : C2524294
Mailing Address 440 Tanglewood Dr		Amount of Each Receipt this Period 50.00
City Springboro	State OH	Zip Code 45066-9559
FEC ID number of contributing federal political committee. C	Name of Employer Visiting Physicians Association	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 22 OF 38
	<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. Dale C Moquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 Lake Walk Ct
 City Missouri City State TX Zip Code 77459-3268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.01**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : C2507136
 Amount of Each Receipt this Period
90.91

B. Mary S Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5727 Welsch Vw
 City San Antonio State TX Zip Code 78249-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medina Valley Family Practice Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : C2499934
 Amount of Each Receipt this Period
35.00

C. Joseph Scott Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Scott St
 City Baltimore State MD Zip Code 21230-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medstar Franklin Square Med Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **364.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : C2520256
 Amount of Each Receipt this Period
33.18

SUBTOTAL of Receipts This Page (optional).....	159.09
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 23 OF 38
	<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

Full Name (Last, First, Middle Initial) A. Michael Lynn O'Dell MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2013 Transaction ID : C2510596
Mailing Address 4704 Rockhill Rd		Amount of Each Receipt this Period 500.00
City Kansas City	State MO	Zip Code 64110-2029
FEC ID number of contributing federal political committee. C		
Name of Employer University Physicians Associates	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. Judith A Pauwels MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013 Transaction ID : C2522680
Mailing Address 827 31st Ave		Amount of Each Receipt this Period 500.00
City Seattle	State WA	Zip Code 98122-5023
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Michelle Quiogue MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : C2520254
Mailing Address 2460 Pine St		Amount of Each Receipt this Period 33.18
City Bakersfield	State CA	Zip Code 93301-2742
FEC ID number of contributing federal political committee. C		
Name of Employer KP-SCPMG	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.98	

SUBTOTAL of Receipts This Page (optional).....▶	1033.18
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 24 OF 38
	<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. Darrin M Ray
Full Name (Last, First, Middle Initial)

Mailing Address 1230 George Rock Dr
1221 E State St

City Farmer City State IL Zip Code 61842

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : C2515223

Amount of Each Receipt this Period
100.00

B. Paul J Reiss MD
Full Name (Last, First, Middle Initial)

Mailing Address 17 Lyman Dr

City Williston State VT Zip Code 05495-9622

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

Name of Employer Occupation
Evergreen Family Health Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : C2522660

Amount of Each Receipt this Period
370.00

C. Robert Chuck Rich MD
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10
3744 Old Abbottsburg Rd

City Bladenboro State NC Zip Code 28320-0010

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

Name of Employer Occupation
CCNC/LCF Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
729.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : C2515225

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	835.00
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 25 OF 38
	<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. Robert Chuck Rich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 10
 3744 Old Abbottsburg Rd
 City Bladenboro State NC Zip Code 28320-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CCNC/LCF Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 729.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : C2520255
 Amount of Each Receipt this Period
 33.18

B. Flora F Sadri-Azarbayejani DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 S Mountain Rd
 City Northfield State MA Zip Code 01360-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gardner Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2013
Transaction ID : C2520746
 Amount of Each Receipt this Period
 50.00

C. Rogelio Santamaria Samorano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3175 Viale Tresana
 City Santa Fe State NM Zip Code 87505-5300
 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 ▼ 565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : C2510578
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	448.18
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 OF 38
(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. Rogelio Santamaria Samorano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3175 Viale Tresana
 City Santa Fe State NM Zip Code 87505-5300
 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 **565.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013
Transaction ID : C2512993
 Amount of Each Receipt this Period
 200.00

B. Sarah L Sams MD
 Full Name (Last, First, Middle Initial)
 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 Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1198.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2521602
 Amount of Each Receipt this Period
 122.00

C. Kathleen M Santi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 942 Tall Pine Dr
 City Port Orange State FL Zip Code 32127-7702
 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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013
Transaction ID : C2512946
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... **622.00**
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 27 OF 38
	<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

Full Name (Last, First, Middle Initial) A. Aaron Burl Shives MD		Date of Receipt
Mailing Address 350 28th Ave SE		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Watertown	SD	57201-8403
FEC ID number of contributing federal political committee.		Transaction ID : C2499886
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	
Brown Clinic	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. Maria E Shreve MD		Date of Receipt
Mailing Address 29220 Briarbank Ct		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Southfield	MI	48034-4602
FEC ID number of contributing federal political committee.		Transaction ID : C2512952
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	
Information Requested	Information Requested	
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) C. Erica Williams Swegler MD		Date of Receipt
Mailing Address 300 N Rufe Snow Dr		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Keller	TX	76248-4235
FEC ID number of contributing federal political committee.		Transaction ID : C2524236
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="102.27"/>
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="999.98"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="388.77"/>
TOTAL 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 28 OF 38
	<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. Stacy J Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 E Cotton Hill Rd
 City New Hartford State CT Zip Code 06057-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Hungerford Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **364.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : C2520252
 Amount of Each Receipt this Period
33.18

B. Michael P Temporal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 S 3Rd St Ste 400
 City Belleville State IL Zip Code 62220-1952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer So. Illinois Healthcare Foundation Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **502.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : C2499935
 Amount of Each Receipt this Period
84.00

C. Pamela W Tuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4135 Atlanta Hwy
 City Montgomery State AL Zip Code 36109-3022
 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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2521600
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **167.18**
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 29 OF 38
	<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. Suraj P Verma MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1595 Robb Drive
 Suite 2
 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: Primary General Other (specify)
 Aggregate Year-to-Date **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : C2515255
 Amount of Each Receipt this Period
365.00

B. Gary C Wainer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 Linden Ave
 City Oak Park State IL Zip Code 60302-1661
 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 **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : C2522682
 Amount of Each Receipt this Period
100.00

C. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chestatee Regional Hospital Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : C2504861
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **715.00**
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 30 OF 38
	<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. Kent E Willyard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Assembly Ct
 City Newport News State VA Zip Code 23606-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TPMG 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
 12 / 28 / 2013
Transaction ID : C2521554
 Amount of Each Receipt this Period
 365.00

B. Douglas L Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 412
 City Tonasket State WA Zip Code 98855-0412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wenatchee Valley 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 Y Y
 12 / 01 / 2013
Transaction ID : C2499914
 Amount of Each Receipt this Period
 365.00

c. Herbert Foreman Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10313 Cherokee Ln
 City Leawood State KS Zip Code 66206-2510
 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 ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013
Transaction ID : C2511195
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	830.00
TOTAL This Period (last page this line number only).....▶	16217.00

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

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

FOR LINE NUMBER: PAGE 31 OF 38
(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 ▼
 4661.03

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : C2504005
 Amount of Each Receipt this Period
 1041.92

Full Name (Last, First, Middle Initial)
B. 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 ▼
 4661.03

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : C2522907
 Amount of Each Receipt this Period
 18.25

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
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1060.17
TOTAL This Period (last page this line number only).....▶	1060.17

**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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150740

Amount of Each Disbursement this Period

19.50

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2013

Transaction ID : D151008

Amount of Each Disbursement this Period

8.13

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2013

Transaction ID : D151009

Amount of Each Disbursement this Period

2.97

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

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

30.60

**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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : D151010

Amount of Each Disbursement this Period

3.90

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : D151011

Amount of Each Disbursement this Period

3.25

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2013

Transaction ID : D151372

Amount of Each Disbursement this Period

24.38

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

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

31.53

**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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2013

Transaction ID : D151373

Amount of Each Disbursement this Period

3.25

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 27 / 2013

Transaction ID : D151374

Amount of Each Disbursement this Period

1.37

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2013

Transaction ID : D151375

Amount of Each Disbursement this Period

7.95

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

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

12.57

**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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Transaction ID : D150735

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

296.35

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

296.35

371.05

**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

Full Name (Last, First, Middle Initial)

A. AmeriPAC: The Fund for a Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150847

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CMR PAC

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150848

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DONNA CHRISTENSEN CAMPAIGN

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement
Campaign contribution

Candidate Name

Del. Donna M.C. Christensen

Office Sought: House Senate President
State: VI District: 00

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150741

Amount of Each Disbursement this Period

5000.00

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

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

10000.00

**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 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

Full Name (Last, First, Middle Initial)

A. PAC TO THE FUTURE

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150843

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eliot L. Engel

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150742

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Fleming

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D150768

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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 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

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Michelle Lujan Lujan Grisham

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2013

Transaction ID : D150844

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Kay R. Hagan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2013

Transaction ID : D150772

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2013

Transaction ID : D150771

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

23000.00
