



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140251.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	153163.15									
(c) Total Receipts (from Line 19) .....	94630.33	136093.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	247793.48	276344.94								
7. Total Disbursements (from Line 31) .....	38449.69	67001.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	209343.79	209343.79								
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: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	76220.35	113025.33
(i) Itemized (use Schedule A) .....	15278.28	19936.16
(ii) Unitemized .....	91498.63	132961.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	91498.63	132961.49
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) .....	3131.70	3131.70
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	94630.33	136093.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	94630.33	136093.19

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1449.69	2001.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1449.69	2001.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	65000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38449.69	67001.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38449.69	67001.15

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	91498.63	132961.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	91498.63	132961.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1449.69	2001.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3131.70	3131.70
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1682.01	-1130.55

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<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

**A.** Full Name (Last, First, Middle Initial)  
David W Avery, MD

Mailing Address 3702 River Road

City State Zip Code  
Vienna WV 26105-1610

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

**Transaction ID:** C217544

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Albert Ball, MD

Mailing Address Maury Regional Hospital  
1224 Trotwood Ave

City State Zip Code  
Columbia TN 38401-4802

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

Name of Employer Maury Regional Hospital Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

**Transaction ID:** C218756

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald P Bangasser, MD

Mailing Address 12724 Valley View Ln

City State Zip Code  
Redlands CA 92373-7632

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

Name of Employer Beaver Medical Group, LP Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2006

**Transaction ID:** C217032

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<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) <b>A. Esther Rebecca Beal-Landis, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 324 Mt Airy St		<b>Transaction ID: C217603</b>	
City State Zip Code Cantonment FL 32533-6567		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation U. S. Navy 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. Mary Bean, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address Ste 201-202 632 Morrison Springs Rd		<b>Transaction ID: C217033</b>	
City State Zip Code Chattanooga TN 37415-3416		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Erlanger Hospital Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Douglas Benold, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 105 Tanksley Cir		<b>Transaction ID: C158808</b>	
City State Zip Code Georgetown TX 78628-5320		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Williamson County Texas Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	980.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Robert Bertka, MD

Mailing Address 8533 Castle Oaks PI

City State Zip Code  
Holland OH 43528-9231

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

Name of Employer Occupation  
Mersy Health Partners Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID: C217587**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 1606 Royal Troon Ct

City State Zip Code  
Boulder City NV 89005-3662

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

Name of Employer Occupation  
Herve Bezard MD Ltd Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID: C218776**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Catherine A Bishop, MD

Mailing Address 26 Applewood Dr

City State Zip Code  
Chillicothe OH 45601-1903

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

Name of Employer Occupation  
Adena Regional Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

**Transaction ID: C216897**

Amount of Each Receipt this Period  
100.00

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Catherine A Bishop, MD

Mailing Address 26 Applewood Dr

City State Zip Code  
Chillicothe OH 45601-1903

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

Name of Employer Adena Regional Medical Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2006

**Transaction ID: C218680**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Catherine A Bishop, MD

Mailing Address 26 Applewood Dr

City State Zip Code  
Chillicothe OH 45601-1903

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

Name of Employer Adena Regional Medical Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2006

**Transaction ID: C220805**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 201 Cassel Dr

City State Zip Code  
Kingsport TN 37660-3747

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

Name of Employer East Tennessee State University  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

**Transaction ID: C217606**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Herbert John Blossom, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 708 E Carmen Ave Ste 210		<b>Transaction ID:</b> C218852
City State Zip Code Fresno CA 93710-7702	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer university of california	Occupation family physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Charles P Bownds, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address PO Box 85		<b>Transaction ID:</b> C218816
City State Zip Code Pikeville TN 37367-0085	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Neil Hurst Brooks, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 36 Duncaster Ln		<b>Transaction ID:</b> C220757
City State Zip Code Vernon Rockville CT 06066-4830	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City Ruidoso State NM Zip Code 88345-6104

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

Name of Employer Ruidoso Family Medicine 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  
 0 5 / 1 1 / 2 0 0 6

**Transaction ID:** C218177

Amount of Each Receipt this Period  
 165.00

**B.** Full Name (Last, First, Middle Initial)  
Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City Glenview State IL Zip Code 60025-3234

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

Name of Employer Family Medicine Associates of Lutheran Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 9 / 2 0 0 6

**Transaction ID:** C216896

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
James Arthur Bull, MD

Mailing Address 855 Hospital Rd Ste 307

City Silvis State IL Zip Code 61282-2904

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

Name of Employer Genesis Health Group 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  
 0 5 / 2 3 / 2 0 0 6

**Transaction ID:** C218668

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>665.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<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) <b>A. Kevin J. Burke</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 11108 Lakespray Way		<b>Transaction ID: C217224</b>	
City State Zip Code Reston VA 20191-5420	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Academy of Family Physicians	Occupation Director of Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Mary F Campagnolo, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address Ashurst Family Physicians Pa 1561 Route 38 Ste 6		<b>Transaction ID: C218775</b>	
City State Zip Code Lumberton NJ 08048-2939	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ashurst Family Physicians	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>C. Randall Ora Card, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address Fam Care Doctor's 1414 W Fair Ave Ste 36		<b>Transaction ID: C218853</b>	
City State Zip Code Marquette MI 49855-2675	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fam Care Doctor's	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3265.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<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) <b>A.</b> David Adam Carlyle, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address PO Box 3014		Transaction ID: C174399	
City Ames	State IA	Amount of Each Receipt this Period 2500.00	
Zip Code 50010-3014			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine East	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lee Marvin Carter, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address PO Box 506		Transaction ID: C218882	
City Huntingdon	State TN	Amount of Each Receipt this Period 1000.00	
Zip Code 38344-0506			
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>C.</b> Judith Chamberlain, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address 74 Baribeau Dr		Transaction ID: C217559	
City Brunswick	State ME	Amount of Each Receipt this Period 3000.00	
Zip Code 04011-3218			
FEC ID number of contributing federal political committee. C			
Name of Employer Bowdoin Medical Group	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<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) <b>A.</b> Kenneth Wayne Collins, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 5184 Highway 431 S		Transaction ID: C217609	
City State Zip Code Brownsboro AL 35741-9763	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Huntsville Hospital	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>B.</b> Jerome B Connolly		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 632 Snow Goose Ln		Transaction ID: C218741	
City State Zip Code Annapolis MD 21409-5757	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed - d/b/a/ Co- nnolly Strate	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Steven A Crawford, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address Dep Of Fam And Prev Med 900 NE 10th St		Transaction ID: C217407	
City State Zip Code Oklahoma City OK 73104-5495	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Allerton Cushman, MD

Mailing Address Asylum Hill Fam Prac  
99 Woodland St

City State Zip Code  
Hartford CT 06105-1207

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

Name of Employer University of Connecticut Health Centre  
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  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** C218157

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
John Howard Darnell, Jr

Mailing Address Family Medicine Center PLLC  
PO Box 987

City State Zip Code  
Flatwoods KY 41139-0987

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

Name of Employer Family Medicine Center, PLLC  
Occupation Physicain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** C216966

Amount of Each Receipt this Period  
91.25

**C.** Full Name (Last, First, Middle Initial)  
John Howard Darnell, Jr

Mailing Address Family Medicine Center PLLC  
PO Box 987

City State Zip Code  
Flatwoods KY 41139-0987

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

Name of Employer Family Medicine Center, PLLC  
Occupation Physicain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID:** C218681

Amount of Each Receipt this Period  
91.25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>547.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<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) <b>A.</b> Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 804 Huntington Ct		<b>Transaction ID:</b> C216967	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 804 Huntington Ct		<b>Transaction ID:</b> C218682	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 804 Huntington Ct		<b>Transaction ID:</b> C220810	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
R Wesley Dean, Jr

Mailing Address Emory Family Practice  
201 E Emory Rd

City State Zip Code  
Powell TN 37849-4016

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID: C220754**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
James Joseph Dearing, DO

Mailing Address 750 E Thunderbird Rd Ste 1  
Ste 1

City State Zip Code  
Phoenix AZ 85022-5306

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2006

**Transaction ID: C218648**

Amount of Each Receipt this Period  
285.00

**C.** Full Name (Last, First, Middle Initial)  
Frank B Dibble, Jr

Mailing Address 136 Kingston Rd

City State Zip Code  
Exeter NH 03833-4357

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

**Transaction ID: C218145**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Gretchen M Dickson, MD

Mailing Address 609 NE Tudor Rd Apt 2  
Apt 2

City Lees Summit State MO Zip Code 64086-5751

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

Name of Employer University of Missouri 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  
0 4 / 2 5 / 2 0 0 6

Transaction ID: C217031

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Walter E Donnelly, Jr

Mailing Address 6331 Glenway Ave

City Cincinnati State OH Zip Code 45211-6301

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

Name of Employer The Family 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  
0 5 / 2 3 / 2 0 0 6

Transaction ID: C218666

Amount of Each Receipt this Period  
365.00

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

Mailing Address 1700 Bogard Rd Ste 100

City Wasilla State AK Zip Code 99654-6563

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

Name of Employer Providence Health Systems Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 6

Transaction ID: C220711

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 75

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> William Andrew Eason, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C218321	
City State Zip Code Selmer TN 38375-1864	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mark C Eidson, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 710 E Anderson St # C		<b>Transaction ID:</b> C218917	
City State Zip Code Weatherford TX 76086-5706	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Alan Ellington, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 146 S Main St		<b>Transaction ID:</b> C220756	
City State Zip Code Lexington VA 24450-2356	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	915.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<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) <b>A. Ted Dee Epperly, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address 2180 Ribier Dr		<b>Transaction ID: C217558</b>	
City State Zip Code Meridian ID 83642-5130		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine Residency of Ohio		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>B. Bernard G Ewigman, MD, MSPH</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address Univ of Chicago Fam Med #M-156 5841 S Maryland Ave # MC7110		<b>Transaction ID: C218319</b>	
City State Zip Code Chicago IL 60637-1470		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Chicago		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>C. Kevin Scott Ferentz, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 29 S Paca St		<b>Transaction ID: C218141</b>	
City State Zip Code Baltimore MD 21201-1771		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Maryland		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Larry Stephens Fields, MD

Mailing Address Family Medicine Center PLLC  
PO Box 987

City State Zip Code  
Flatwoods KY 41139-0987

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

Name of Employer Family Medicine Center PL-LC  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

**Transaction ID:** C217401

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Troy Treanor Fiesinger, MD

Mailing Address Lone Star Fam Hlth Ctr  
704 Old Montgomery Rd

City State Zip Code  
Conroe TX 77301-2740

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

Name of Employer Lone Star Family Health 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  
0 5 / 3 1 / 2 0 0 6

**Transaction ID:** C218831

Amount of Each Receipt this Period  
365.00

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

Mailing Address 510 Aqua Ct

City State Zip Code  
York PA 17403-3623

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

Name of Employer Strategic Health Institute  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** C218142

Amount of Each Receipt this Period  
500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 75
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Seth Y Flagg, Medical St Mailing Address 9 Evergreen Rd		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
City State Zip Code Hubbardston MA 01452		<b>Transaction ID:</b> C216940
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer n/a	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Seth Y Flagg, Medical St Mailing Address 9 Evergreen Rd		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
City State Zip Code Hubbardston MA 01452		<b>Transaction ID:</b> C218683
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer n/a	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Seth Y Flagg, Medical St Mailing Address 9 Evergreen Rd		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
City State Zip Code Hubbardston MA 01452		<b>Transaction ID:</b> C220811
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer n/a	Occupation Medical Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Walter F Fletcher, MD

Mailing Address 55 Lizzie Dee Ln

City Lexington State TN Zip Code 38351-2504

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

**Transaction ID: C218918**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Conrad Lloyd Flick, MD

Mailing Address 103 Greenway Overlook

City Cary State NC Zip Code 27511-9053

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

Name of Employer Family Medical Associates of Raleigh  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2006

**Transaction ID: C218782**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard M Fruehling, MD

Mailing Address Suite 400  
2116 W Faidley Ave

City Grand Island State NE Zip Code 68803-4696

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

Name of Employer Family Practice of Grand Island  
Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

**Transaction ID: C216666**

Amount of Each Receipt this Period  
365.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<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) <b>A. William P Gifford, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 1353 Germany Rd		<b>Transaction ID: C218599</b>	
City State Zip Code Williamston MI 48895-9610		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sparrow Hospital 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>B. Michael Edward Grady, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 220 Tillicum Dr		<b>Transaction ID: C216997</b>	
City State Zip Code Silverton OR 97381-1886		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Silverton Hospital Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Bob Arvid Grubbs, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 9817 Farmington Rd		<b>Transaction ID: C217355</b>	
City State Zip Code Tuscaloosa AL 35405-9427		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University Family Practice Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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.** Full Name (Last, First, Middle Initial)  
Charlotte Gurule, MD

Mailing Address 7334 N Central Ave

City State Zip Code  
Phoenix AZ 85020-4821

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

Name of Employer Occupation  
Banner Good Samaritan Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2006

**Transaction ID: C218659**

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Lori J Heim, MD

Mailing Address 10202 Wauna St SW

City State Zip Code  
Lakewood WA 98498-3853

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

Name of Employer Occupation  
US air force physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

**Transaction ID: C216373**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St  
PO Box 5039

City State Zip Code  
Sioux Falls SD 57117-5039

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

Name of Employer Occupation  
Sioux Valley Health Systems Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2006

**Transaction ID: C216955**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St  
PO Box 5039

City State Zip Code  
Sioux Falls SD 57117-5039

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

Name of Employer Occupation  
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID: C218685**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St  
PO Box 5039

City State Zip Code  
Sioux Falls SD 57117-5039

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

Name of Employer Occupation  
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

**Transaction ID: C220876**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Douglas E Henley, MD

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

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

Name of Employer Occupation  
American Academy of Family Physicians Family Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

**Transaction ID: C216374**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Shelby Hensley, MD

Mailing Address 855 Summertown Hwy

City State Zip Code  
Hohenwald TN 38462-5707

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2006

Transaction ID: C220740

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City State Zip Code  
Tallahassee FL 32303-2822

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

Name of Employer Patients First North, P.A. Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: C218264

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael J Hodulik, MD

Mailing Address 380 9th St

City State Zip Code  
Florence OR 97439-0106

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

Name of Employer PeaceHealth Siuslaw Region Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2006

Transaction ID: C218227

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3865.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<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) <b>A.</b> Mikel D Holland, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address Medical Associates Clinic 100 Mac Ln		<b>Transaction ID:</b> C216956	
City Pierre	State SD	Amount of Each Receipt this Period 50.00	
Zip Code 57501-3391			
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mikel D Holland, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address Medical Associates Clinic 100 Mac Ln		<b>Transaction ID:</b> C218686	
City Pierre	State SD	Amount of Each Receipt this Period 50.00	
Zip Code 57501-3391			
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mikel D Holland, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address Medical Associates Clinic 100 Mac Ln		<b>Transaction ID:</b> C220877	
City Pierre	State SD	Amount of Each Receipt this Period 50.00	
Zip Code 57501-3391			
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 75
	<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) <b>A.</b> Brian Lee Holmes, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 1111 N Brady St Ste B Ste B		<b>Transaction ID:</b> C217594
City State Zip Code Abilene KS 67410-1804	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Family Care Clinic, LLP	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>B.</b> Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 350 Pensacola Beach Rd		<b>Transaction ID:</b> C216976
City State Zip Code Gulf Breeze FL 32561-4882	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gulf Coast Physician Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 350 Pensacola Beach Rd		<b>Transaction ID:</b> C218687
City State Zip Code Gulf Breeze FL 32561-4882	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gulf Coast Physician Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	565.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 350 Pensacola Beach Rd		<b>Transaction ID:</b> C220881
City State Zip Code Gulf Breeze FL 32561-4882	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gulf Coast Physician Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Samuel M Jones, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 10145 Community Ln		<b>Transaction ID:</b> C218149
City State Zip Code Fairfax Station VA 22039-2530	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VCU-Fairfax Family Practice	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Carla Fulton Kakutani, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 438 Abbey St		<b>Transaction ID:</b> C217616
City State Zip Code Winters CA 95694-1837	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sutter West Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<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) <b>A. Vincent D Keenan, CAE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address Exec Vice Pres IL AFP 4756 Main St		<b>Transaction ID: C216970</b>	
City Lisle	State IL	Amount of Each Receipt this Period 91.25	
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: <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. Vincent D Keenan, CAE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address Exec Vice Pres IL AFP 4756 Main St		<b>Transaction ID: C218688</b>	
City Lisle	State IL	Amount of Each Receipt this Period 91.25	
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: <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>C. Christina Marie Kelly, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 2708 58th Ave E		<b>Transaction ID: C217464</b>	
City Tacoma	State WA	Amount of Each Receipt this Period 365.00	
Zip Code 98424-2357			
FEC ID number of contributing federal political committee. C			
Name of Employer Multicare		Occupation Resident Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	547.50
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<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) <b>A.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C216703	
City Selmer	State TN	Zip Code 38375-1864	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C218265	
City Selmer	State TN	Zip Code 38375-1864	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1 Prime Care Dr		<b>Transaction ID:</b> C218812	
City Selmer	State TN	Zip Code 38375-1864	Amount of Each Receipt this Period 416.68
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Occupation  
Primecare Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2006

**Transaction ID: C220809**

Amount of Each Receipt this Period  
250.02

**B.** Full Name (Last, First, Middle Initial)  
Larry W Kipe, MD

Mailing Address 600 Russell St

City State Zip Code  
Craig CO 81625-2018

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2006

**Transaction ID: C217256**

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City State Zip Code  
Harlan IA 51537-2009

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

Name of Employer Occupation  
Shelby County Health Systems Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 26 / 2006

**Transaction ID: C217039**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1615.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 75						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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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.</b> Janice C Klos, CAE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address Chief Exec Officer MI AFP 2164 Commons Pkwy		<b>Transaction ID:</b> C217614	
City Okemos State MI Zip Code 48864-3986	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MIAFP Occupation CEO	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy Scott Komoto, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address Bloomington Lake Cln 1150 Centre Pointe Curv		<b>Transaction ID:</b> C216998	
City Saint Paul State MN Zip Code 55120-1280	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bloomington Lake Clinic Occupation Physician	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy Scott Komoto, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address Bloomington Lake Cln 1150 Centre Pointe Curv		<b>Transaction ID:</b> C218690	
City Saint Paul State MN Zip Code 55120-1280	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bloomington Lake Clinic Occupation Physician	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	565.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 75
	<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) <b>A.</b> Timothy Scott Komoto, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address Bloomington Lake Clin 1150 Centre Pointe Curv		<b>Transaction ID:</b> C220892
City Saint Paul	State MN	Zip Code 55120-1280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bloomington Lake Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Surendra Kumar, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 3929 Navarre Ave		<b>Transaction ID:</b> C218640
City Oregon	State OH	Zip Code 43616-3437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lucius Marion Lampton, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address The Magnolia Clinic 111 Magnolia St		<b>Transaction ID:</b> C218173
City Magnolia	State MS	Zip Code 39652-2825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Magnolia Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	830.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Robert A Lee, MD

Mailing Address 5501 NW 86th St Ste 300

City State Zip Code  
Johnston IA 50131-1810

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

Name of Employer  
lee and ruisch family medicine physician

Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2006

**Transaction ID: C218298**

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Gary L LeRoy, MD

Mailing Address 761 Kenilworth Ave

City State Zip Code  
Dayton OH 45405-4051

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

Name of Employer  
Miami Valley Hospital

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

**Transaction ID: C217617**

Amount of Each Receipt this Period  
265.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Scott Lewis, MD

Mailing Address 155 Academy Ave

City State Zip Code  
Greenwood SC 29646-3869

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

Name of Employer  
Self Regional Healthcare

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

**Transaction ID: C217618**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>995.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Prime Care Dr

City State Zip Code  
Selmer TN 38375-1864

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

Name of Employer Prime Care Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
05 / 11 / 2006

Transaction ID: C218175

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
David Ashley Lynch, MD

Mailing Address 120 N Shore Dr  
Family Health Assoc

City State Zip Code  
Bellingham WA 98226-4425

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

Name of Employer Family Care Network Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
05 / 12 / 2006

Transaction ID: C218222

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City State Zip Code  
San Antonio TX 78205-3425

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

Name of Employer Christus Health Care Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
04 / 21 / 2006

Transaction ID: C216987

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5465.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 75
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 339 S Presa St		<b>Transaction ID:</b> C218691	
City State Zip Code San Antonio TX 78205-3425		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Christus Health Care		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 339 S Presa St		<b>Transaction ID:</b> C220901	
City State Zip Code San Antonio TX 78205-3425		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Christus Health Care		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard F Madden, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 609 Christopher Dr		<b>Transaction ID:</b> C218260	
City State Zip Code Belen NM 87002-2601		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Healthcare Services		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	565.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael K Maharry, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 200 Hawkins Dr		<b>Transaction ID: C218153</b>	
City State Zip Code Iowa City IA 52242-1009	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Iowa	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>B. Michael Allen McAdoo, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address Family Practice 6041 Telecom Dr		<b>Transaction ID: C221109</b>	
City State Zip Code Milan TN 38358-3448	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed (Milan Medical Center)	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. C Holley Midgley, CAE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address Exec Vice Pres AL AFP 19 S Jackson St BOX 1900		<b>Transaction ID: C217619</b>	
City State Zip Code Montgomery AL 36104-3812	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alabama Academy of Family Physicians	Occupation Executive V.P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 75
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen J Miller, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address S I U Decatur Fam Ctr 250 W Kenwood Ave		Transaction ID: C217461	
City Decatur	State IL	Zip Code 62526-4371	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SIU School of Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gregg Erwin Mitchell, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 501 Zachary Ln		Transaction ID: C217546	
City Jackson	State TN	Zip Code 38305-5679	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Tennessee	Occupation Residency Program Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Anette Ks Mnabhi, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 115 N Main St		Transaction ID: C218673	
City Montgomery	State IL	Zip Code 60538-1298	Amount of Each Receipt this Period 121.67
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 243.33		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	621.67
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Anette Ks Mnabhi, MD

Mailing Address 115 N Main St

City State Zip Code  
Montgomery IL 60538-1298

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 ▼  
243.33

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2006

Transaction ID: C220906

Amount of Each Receipt this Period  
121.66

**B.** Full Name (Last, First, Middle Initial)  
Dale C Moquist, MD

Mailing Address Memorial Family Med Resident  
7737 Southwest Fwy Ste 400

City State Zip Code  
Houston TX 77074-1804

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

Name of Employer MHHS  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2006

Transaction ID: C216988

Amount of Each Receipt this Period  
100.00

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

Mailing Address Memorial Family Med Resident  
7737 Southwest Fwy Ste 400

City State Zip Code  
Houston TX 77074-1804

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

Name of Employer MHHS  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2006

Transaction ID: C218693

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>321.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 42 / 75</span>
	(check only one)
<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"/>	<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. Dale C Moquist, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400		Transaction ID: C220908	
City Houston	State TX	Zip Code 77074-1804	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer MHHS	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Paul Moser, Jr</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address PO Box 658 712 2nd Street		Transaction ID: C218143	
City Tribune	State KS	Zip Code 67879-0658	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greeley County Health Services	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>C. Peter M Nalin, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address Long Hospital 1110 W Michigan St Ste 200		Transaction ID: C217551	
City Indianapolis	State IN	Zip Code 46202-5209	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Indiana University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	830.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 75
	<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) <b>A.</b> Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address PO Box 806527		<b>Transaction ID:</b> C216989	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60680-4126			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address PO Box 806527		<b>Transaction ID:</b> C218694	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60680-4126			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Javette C Orgain, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Box 806527		<b>Transaction ID:</b> C220927	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60680-4126			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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.** Full Name (Last, First, Middle Initial)  
Jamie Smith Osborn, MD

Mailing Address 11873 Columbia Ct

City State Zip Code  
Loma Linda CA 92354-6755

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

Name of Employer Loma Linda University Family Medical G  
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  
0 5 / 2 6 / 2 0 0 6

Transaction ID: C218781

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
L Keith Osborne, MD

Mailing Address 11001 N Black Canyon Hwy

City State Zip Code  
Phoenix AZ 85029-4757

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

Name of Employer CIGNA Healthcare  
Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: C217627

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel J Ostergaard, MD

Mailing Address 14547 S Hagan St

City State Zip Code  
Olathe KS 66062-9001

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

Name of Employer American Academy of Family Physicians  
Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 6

Transaction ID: C217020

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1730.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 75
	<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) <b>A.</b> Maureen O Padden, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 2227 Saint Marys Dr		<b>Transaction ID:</b> C217545	
City State Zip Code Camp Lejeune NC 28547-1315	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Navy	Occupation Family 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>B.</b> Donald Howard Polk, DO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address PO Box 778		<b>Transaction ID:</b> C220793	
City State Zip Code Waynesboro TN 38485-0778	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory John Raglow, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 1300 N 12th St Ste 605		<b>Transaction ID:</b> C218658	
City State Zip Code Phoenix AZ 85006-2850	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Banner Health	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 46 / 75  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

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

Mailing Address Evergreen Family Health  
28 Park Ave

City Williston State VT Zip Code 05495-9701

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  
 0 5 / 2 6 / 2 0 0 6

**Transaction ID: C218773**

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Elisabeth L Righter, MD

Mailing Address Indian Ripple Family Hlth Ctr  
4428 Indian Ripple Rd

City Beavercreek State OH Zip Code 45440-3264

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

Name of Employer Kettering Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 6

**Transaction ID: C216990**

Amount of Each Receipt this Period  
84.00

**C.** Full Name (Last, First, Middle Initial)  
Elisabeth L Righter, MD

Mailing Address Indian Ripple Family Hlth Ctr  
4428 Indian Ripple Rd

City Beavercreek State OH Zip Code 45440-3264

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

Name of Employer Kettering Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 6

**Transaction ID: C218695**

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **533.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Elisabeth L Righter, MD

Mailing Address Indian Ripple Family Hlth Ctr  
4428 Indian Ripple Rd

City State Zip Code  
Beavercreek OH 45440-3264

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

Name of Employer Occupation  
Kettering Medical Center Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

**Transaction ID:** C220935

Amount of Each Receipt this Period  
84.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Guy Roberts, MD

Mailing Address Dept Of Fam Medicine  
777 S Mills St

City State Zip Code  
Madison WI 53715-1849

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

Name of Employer Occupation  
University of Wisconsin Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 6

**Transaction ID:** C218226

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis F Salisbury, MD

Mailing Address 1101 S Montana St

City State Zip Code  
Butte MT 59701-2857

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

Name of Employer Occupation  
Rocky Mountain Clinic 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  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** C218167

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2949.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dennis F Salisbury, MD

Mailing Address 1101 S Montana St

City State Zip Code  
Butte MT 59701-2857

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

Name of Employer Rocky Mountain Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

**Transaction ID: C218899**

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis F Salisbury, MD

Mailing Address 1101 S Montana St

City State Zip Code  
Butte MT 59701-2857

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

Name of Employer Rocky Mountain Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2006

**Transaction ID: C220659**

Amount of Each Receipt this Period  
5.00

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

Mailing Address Dove Family Care  
5123 Norwich St Ste 110

City State Zip Code  
Hilliard OH 43026-1443

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

Name of Employer Dove Family Care Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

**Transaction ID: C218164**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 75
	(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.** Full Name (Last, First, Middle Initial)  
Thomas L Satrom, MD

Mailing Address 647 Wellesley Dr

City State Zip Code  
Claremont CA 91711-3428

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

**Transaction ID:** C218914

Amount of Each Receipt this Period  
365.00

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

Mailing Address 3055 Plymouth Rd Ste 107  
Ste 107

City State Zip Code  
Ann Arbor MI 48105-3208

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

**Transaction ID:** C218172

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas A Shaffrey, MD

Mailing Address Suite 1101  
3322 US Highway 22 W

City State Zip Code  
Branchburg NJ 08876-3476

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

**Transaction ID:** C218151

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 75
	<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) <b>A.</b> Linda Peck Shields, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2006	
Mailing Address PO Box 217		<b>Transaction ID:</b> C220707	
City Riverside	State WA	Amount of Each Receipt this Period 365.00	
Zip Code 98849-0217		FEC ID number of contributing federal political committee. C	
Name of Employer Wenatchee Valley Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Jay D Smith, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2006	
Mailing Address 7685 Winchester Rd		<b>Transaction ID:</b> C220702	
City Memphis	State TN	Amount of Each Receipt this Period 365.00	
Zip Code 38125-2202		FEC ID number of contributing federal political committee. C	
Name of Employer The Family Physicians Group, PC	Occupation Physician	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Glen R Stream, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 14408 E Sprague Ave		<b>Transaction ID:</b> C218171	
City Spokane	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 99216-2167		FEC ID number of contributing federal political committee. C	
Name of Employer Rockwood Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 75
	<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) <b>A.</b> Richard H Streiffer, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address Tulane Unv Fam Comm Med 1430 Tulane Ave # TB3		Transaction ID: C218169
City State Zip Code New Orleans LA 70112-2632	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tulane Unviersity	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>B.</b> Rosemarie Sweeney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 5915 Ramsgate Road		Transaction ID: C217615
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Academy of Family Physicians	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rosemarie Sweeney		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 5915 Ramsgate Road		Transaction ID: C220961
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Academy of Family Physicians	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

<b>A.</b> Full Name (Last, First, Middle Initial) Erica Williams Swegler, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 816 Keller Pkwy Ste 102 Ste 102		<b>Transaction ID:</b> C218774
City State Zip Code Keller TX 76248-2405	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Hugh M Taylor, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address Family Medicine Associates 15 Railroad Ave		<b>Transaction ID:</b> C217555
City State Zip Code Hamilton MA 01982-2218	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Family Medicine Associates LLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Raymond R Walker, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address UT St Francis Family Medicine 1301 Primacy Pkwy		<b>Transaction ID:</b> C218757
City State Zip Code Memphis TN 38119-0213	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Tennessee College of Med	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) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 75
	<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) <b>A.</b> Carl Chapman Welch, Sr		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 502 Alcorn Dr		<b>Transaction ID:</b> C218156	
City State Zip Code Corinth MS 38834-9392	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carl C Welch, MD, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 540 Woodfield Court		<b>Transaction ID:</b> C216994	
City State Zip Code Gahanna OH 43230-7009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 540 Woodfield Court		<b>Transaction ID:</b> C218697	
City State Zip Code Gahanna OH 43230-7009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 54 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Andre Wherry, MD

Mailing Address 59 Tipton Drive

City State Zip Code  
Dahlonega GA 30533

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

Name of Employer Occupation  
Dahlonega Family Practice Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID:** C218715

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin M Wong, MD

Mailing Address Western PA Family Med Assoc  
2057 Harrison Ave

City State Zip Code  
Jeannette PA 15644-1168

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

Name of Employer Occupation  
WPFMA, Ltd Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** C218161

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1100 E 3rd St

City State Zip Code  
Chattanooga TN 37403-2201

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

Name of Employer Occupation  
University of Tennessee, College of Me Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 0 6

**Transaction ID:** C219412

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
David P Wright, MD

Mailing Address 1313 Red River St Ste 100  
Ste 100

City State Zip Code  
Austin TX 78701-1923

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

Name of Employer Occupation  
Seton Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

Transaction ID: C218176

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
James R Young, MD

Mailing Address 2624 Orchard Dr

City State Zip Code  
Cedar Falls IA 50613-5845

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

Name of Employer Occupation  
Iowa Health Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

Transaction ID: C218170

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	730.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	76220.35

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3131.70

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

**Transaction ID: C218783**

Amount of Each Receipt this Period  
2499.25

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

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3131.70

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2006

**Transaction ID: C220743**

Amount of Each Receipt this Period  
632.45

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3131.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3131.70

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> D30763 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.48
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> D30764 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 18.24
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> D30765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 0.89
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D30766 Date of Disbursement 04 / 25 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.48
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: D30767 Date of Disbursement 04 / 27 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.38
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D30922 Date of Disbursement 05 / 08 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 36.88
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	45.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 75

<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) <b>A. American Express</b>		Transaction ID: D30923 Date of Disbursement MM / DD / YYYY 05 / 08 / 2006	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 10.77	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼	2006	
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: D30924 Date of Disbursement MM / DD / YYYY 05 / 15 / 2006	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 100.60	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼	2006	
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D30925 Date of Disbursement MM / DD / YYYY 05 / 15 / 2006	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 24.63	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼	2006	
State: District:	Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>136.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 75

<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) <b>A. American Express</b>		Transaction ID: D30926 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 73.75
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: D30927 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2.95
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D30928 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 10.77
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	87.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D30929</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 0.89
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D30930</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 107.95
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D32072</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2.95
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	111.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D32073</b>	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 06 / 08 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 3.98
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D32074</b>	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 06 / 12 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 14.75
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D32075</b>	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 06 / 19 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 17.70
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>36.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> D32076 Date of Disbursement 06 / 23 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.80
City Phoenix	State AZ	
Zip Code 85072-3852		Category/ Type
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> D32077 Date of Disbursement 06 / 26 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 15.55
City Phoenix	State AZ	
Zip Code 85072-3852		Category/ Type
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Bank Of America Merchant Services</b>		<b>Transaction ID:</b> D32070 Date of Disbursement 06 / 01 / 2006
Mailing Address WA2-505-01-40 PO Box 2485		Amount of Each Disbursement this Period 529.70
City Spokane	State WA	
Zip Code 99210-2485		Category/ Type
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>547.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank Of America Merchant Services</b>		<b>Transaction ID: D30762</b>	
Mailing Address WA2-505-01-40 PO Box 2485		Date of Disbursement MM / DD / YYYY 04 / 03 / 2006	
City Spokane	State WA	Zip Code 99210-2485	Amount of Each Disbursement this Period 146.00
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>B. Bank Of America Merchant Services</b>		<b>Transaction ID: D30920</b>	
Mailing Address WA2-505-01-40 PO Box 2485		Date of Disbursement MM / DD / YYYY 05 / 01 / 2006	
City Spokane	State WA	Zip Code 99210-2485	Amount of Each Disbursement this Period 249.69
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C. Discover Network</b>		<b>Transaction ID: D30921</b>	
Mailing Address P O Box 52145		Date of Disbursement MM / DD / YYYY 05 / 02 / 2006	
City Phoenix	State AZ	Zip Code 85072-2145	Amount of Each Disbursement this Period 13.57
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>409.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Discover Network</b>		<b>Transaction ID: D30768</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P O Box 52145		Amount of Each Disbursement this Period 13.07
City Phoenix State AZ Zip Code 85072-2145	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Discover Network</b>		<b>Transaction ID: D32071</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P O Box 52145		Amount of Each Disbursement this Period 42.27
City Phoenix State AZ Zip Code 85072-2145	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

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

55.34

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

1449.69

# 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> D31462 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-4024		
Purpose of Disbursement Campaign contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. BEILENSON FOR CONGRESS</b>		<b>Transaction ID:</b> D31461 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 5820 York Rd Ste 205		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21212-3610		
Purpose of Disbursement Campaign committee Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 03		

Full Name (Last, First, Middle Initial) <b>C. BEN CARDIN FOR SENATE</b>		<b>Transaction ID:</b> D31459 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 65056		Amount of Each Disbursement this Period 2000.00
City Baltimore State MD Zip Code 21209-0056		
Purpose of Disbursement Campaign contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ED BRYANT FOR US SENATE INC</b>		Transaction ID: D31457 Date of Disbursement																					
Mailing Address 115 Penn Warren Dr Ste 300-309		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	3		2	0	0	6														
City Brentwood	State TN	Zip Code 37027-5047	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	1000.00																				
Candidate Name Edward G Bryant																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District:																						

Full Name (Last, First, Middle Initial) <b>B. CORWIN FOR CONGRESS</b>		Transaction ID: D31460 Date of Disbursement																					
Mailing Address PO Box 1541		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	3		2	0	0	6														
City Severna Park	State MD	Zip Code 21146-8541	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD	District: 01																						

Full Name (Last, First, Middle Initial) <b>C. KEEP OUR MAJORITY PAC</b>		Transaction ID: D30650 Date of Disbursement																					
Mailing Address PO Box 20209		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	6														
City Alexandria	State VA	Zip Code 22320-1209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	5000.00																				
Candidate Name Speaker Denny Hastert																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 14																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Rush</b>		<b>Transaction ID: D31481</b> Date of Disbursement 06 / 19 / 2006
Mailing Address 3534 South Calumet Avenue		Amount of Each Disbursement this Period 1000.00
City Chicago	State IL	
Zip Code 60653		
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Bobby Rush		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 1		

Full Name (Last, First, Middle Initial) <b>B. Charles Boustany, Jr., MD for Congress</b>		<b>Transaction ID: D30919</b> Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 80126		Amount of Each Disbursement this Period 1000.00
City Lafayette	State LA	
Zip Code 70598		
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Charles W. Boustany Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 7		

Full Name (Last, First, Middle Initial) <b>C. Dave Camp for Congress</b>		<b>Transaction ID: D30917</b> Date of Disbursement 06 / 05 / 2006
Mailing Address 5901 Woodview Pass Ste 100		Amount of Each Disbursement this Period 1000.00
City Midland	State MI	
Zip Code 48642		
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Dave Camp		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pryce for Congress</b>		<b>Transaction ID:</b> D30916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Deborah Pryce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Don Sherwood</b>		<b>Transaction ID:</b> D31464 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 81 Warren St.		Amount of Each Disbursement this Period 1000.00
City Tunkhannock State PA Zip Code 18657		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Don Sherwood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy for Congress</b>		<b>Transaction ID:</b> D31456 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 746		Amount of Each Disbursement this Period 1000.00
City Bismarck State ND Zip Code 58502		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: AL	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. J.D. Hayworth for Congress</b>		<b>Transaction ID: D30915</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 10789 North 90th Street, #102 Ste 102		Amount of Each Disbursement this Period 1000.00
City State Zip Code Scottsdale AZ 85260	Purpose of Disbursement Campaign contribution Candidate Name Rep. J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Congressman Joe Barton Committee</b>		<b>Transaction ID: D31478</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 2500.00
City State Zip Code Ennis TX 75120	Purpose of Disbursement Campaign contribution Candidate Name Rep. Joe Barton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Schwarz for Congress</b>		<b>Transaction ID: D31479</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 6123 West Saginaw Highway		Amount of Each Disbursement this Period 1000.00
City State Zip Code Lansing MI 48917	Purpose of Disbursement Campaign contribution Candidate Name Rep. Joe Schwarz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of John Peterson</b>		<b>Transaction ID: D31463</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 295 PO BOX 295		Amount of Each Disbursement this Period 1000.00
City Pleasantville State PA Zip Code 16341	Purpose of Disbursement Campaign contribution Candidate Name Rep. John E. Peterson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lewis for Congress</b>		<b>Transaction ID: D30918</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 2323		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30303	Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Volunteers for Shimkus</b>		<b>Transaction ID: D31491</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 504 Sumner Boulevard		Amount of Each Disbursement this Period 1000.00
City Collinsville State IL Zip Code 62234	Purpose of Disbursement Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of John Tanner</b>		<b>Transaction ID: D31482</b> Date of Disbursement 06 / 19 / 2006
Mailing Address PO Box 1994		Amount of Each Disbursement this Period 1000.00
City Union City State TN Zip Code 38281	Purpose of Disbursement Campaign contribution Candidate Name Rep. John S. Tanner Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Burgess for Congress</b>		<b>Transaction ID: D30914</b> Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 292728		Amount of Each Disbursement this Period 1000.00
City Lewisville State TX Zip Code 75029	Purpose of Disbursement Campaign contribution Candidate Name Rep. Michael C. Burgess Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Price for Congress</b>		<b>Transaction ID: D31480</b> Date of Disbursement 06 / 19 / 2006
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	Purpose of Disbursement Campaign contribution Candidate Name Rep. Tom Price Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 75

<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.** Jon Kyl for U.S. Senate

Mailing Address 3900 East Camelback, Suite 200

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Sen. Jon L. Kyl

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Transaction ID: D30649

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Enzi for US Senate

Mailing Address 112 E. Second St.

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Sen. Michael B. Enzi

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WY District:

Transaction ID: D31483

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

37000.00

**Image# 26950462064**

Form/Schedule: **F3XA**  
Transaction ID:

Due to incorrect entry of credit card processing fees by our accounting department, we are filing this amendment to capture the unreported fees.

Form/Schedule: **SA15**  
Transaction ID: **C218783**

Permissible reimbursement from connected organization for bank/credit card processing fees.

\*\*\*\*\*

**Image# 26950462065**

Form/Schedule: **SA15**      Permissible reimbursement from connected organization for bank/credit card processing fees.  
Transaction ID: **C220743**

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