LATHROP & GAGE LAW OFFICES

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THOMAS J. GREVER
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SUITE 2800
KANSAS CITY, MISSOURI 64108-2684
(816) 292-2000, FAX (816) 292-2001

July 5, 2005

VIA FEDERAL EXPRESS

Federal Election Commission
999 E Street NW
Washington, DC 20463

Re: American Academy of Family Physicians Political Action Committee (C00411553)

Dear Sir or Madam:

Please find enclosed for filing the Amended Statement of Organization (Form 1) regarding the American Academy of Family Physicians Political Action Committee. This responds to the FEC's request that the Form 1 be signed by the treasurer, not the assistant treasurer, and it also indicates a change in the information for the assistant treasurer.

Should you have any questions, please contact me at 816-460-5705.

Sincerely,

LATHROP & GAGE L.C.

By: Thomas J. Grever

Enclosures

CC 1411117v1

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

(Check if address is changed)

2021 Massachusetts Avenue, NW

Washington | DC | 20036 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 232 - 9044

2. DATE 06 / 27 / 2005

3. FEC IDENTIFICATION NUMBER ▶ C 00411553

4. IS THIS STATEMENT [ ] NEW (N) OR [X] AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Randell K. Wexler, MD

Signature of Treasurer Randell K. Wexler MD Date 07 / 05 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

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5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

25031995

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent: Mark V. Cribben

Mailing Address: 2021 Massachusetts Avenue, NW

Washington | DC | 20036

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number 202 - 232 - 9033

25039831996

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery ☑	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	7/6/05 DATE PREPARED

(3/2005)

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