

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

10

10

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		202641.36
(b) Cash on Hand at Beginning of Reporting Period	202641.36	
(c) Total Receipts (from Line 19)	191194.18	191194.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	393835.54	393835.54
7. Total Disbursements (from Line 31)	176791.19	176791.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	217044.35	217044.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

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	146241.63	146241.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	42170.64	42170.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	188412.27	188412.27
(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) ➡	188412.27	188412.27
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)	2781.91	2781.91
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))	191194.18	191194.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	191194.18	191194.18

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2791.19	2791.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2791.19	2791.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	174000.00	174000.00
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))..	176791.19	176791.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	176791.19	176791.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	188412.27	188412.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	188412.27	188412.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2791.19	2791.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	2781.91	2781.91
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.28	9.28

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

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

FOR LINE NUMBER: PAGE 6 / 162

(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)
Mark E Allara, MD
Mailing Address 70 Echo Cove Rd

City State Zip Code
South Hamilton MA 01982-1508

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
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298343

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Andrea Allen, MD
Mailing Address 7316 Casey Ave

City State Zip Code
Easton MD 21601-4781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Health System

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 2 / 2 0 0 7

Transaction ID: C298440

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Greenbrier D R Almond, MD
Mailing Address 48 S Kanawha St

City State Zip Code
Buckhannon WV 26201-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Life Clinicians LLC

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 8 / 2 0 0 7

Transaction ID: C298297

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 162

(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) Derek J Anderson, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 15165 S Harrells Ferry Rd		Transaction ID: C261169
City Baton Rouge	State LA	Zip Code 70816-2910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer General Health Systems	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Derek J Anderson, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 15165 S Harrells Ferry Rd		Transaction ID: C272930
City Baton Rouge	State LA	Zip Code 70816-2910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer General Health Systems	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Derek J Anderson, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 15165 S Harrells Ferry Rd		Transaction ID: C276960
City Baton Rouge	State LA	Zip Code 70816-2910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer General Health Systems	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

150.00

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 8 / 162

(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) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferry Rd City State Zip Code Baton Rouge LA 70816-2910 FEC ID number of contributing federal political committee. C Name of Employer General Health Systems Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: C295134 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferry Rd City State Zip Code Baton Rouge LA 70816-2910 FEC ID number of contributing federal political committee. C Name of Employer General Health Systems Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 Transaction ID: C298403 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferry Rd City State Zip Code Baton Rouge LA 70816-2910 FEC ID number of contributing federal political committee. C Name of Employer General Health Systems Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7 Transaction ID: C300919 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 9 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

M M / D D / Y Y Y Y
 0 3 / 1 2 / 2 0 0 7

Transaction ID: C276317

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Macaran A Baird, MD

Mailing Address Univ of MN Dept of FP/MMC 381
 420 Delaware St SE

City State Zip Code
 Minneapolis MN 55455-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MN, FM&CH

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
 0 4 / 2 5 / 2 0 0 7

Transaction ID: C295473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 0 7

Transaction ID: C278369

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

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
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(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)

Esther Rebecca Beal-Landis, MD

Mailing Address 324 Mt Airy St

City State Zip Code
 Cantonment FL 32533-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. Navy

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 7 / 2 0 0 7

Transaction ID: C295746

Amount of Each Receipt this Period

365.00

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

Mary W Beecher, MD

Mailing Address Interlakes Medical Center
 903 N Washington Ave

City State Zip Code
 Madison SD 57042-1697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interlakes Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 7

Transaction ID: C263214

Amount of Each Receipt this Period

365.00

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

Timothy Michael Beittel, MD

Mailing Address 612 Cody Dr

City State Zip Code
 Thomasville NC 27360-9674

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACT 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 4 / 1 7 / 2 0 0 7

Transaction ID: C281094

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 162

(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) Mark Harris Belfer, DO Mailing Address AGMC Center Family Medicine 400 Wabash Ave City Akron State OH Zip Code 44307-2433 FEC ID number of contributing federal political committee. C Name of Employer Akron General Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 7 Transaction ID: C261170 Amount of Each Receipt this Period 35.00
B. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO Mailing Address AGMC Center Family Medicine 400 Wabash Ave City Akron State OH Zip Code 44307-2433 FEC ID number of contributing federal political committee. C Name of Employer Akron General Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7 Transaction ID: C272931 Amount of Each Receipt this Period 35.00
C. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO Mailing Address AGMC Center Family Medicine 400 Wabash Ave City Akron State OH Zip Code 44307-2433 FEC ID number of contributing federal political committee. C Name of Employer Akron General Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Transaction ID: C276961 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)

105.00

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 12 / 162

(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) Mark Harris Belfer, DO Mailing Address AGMC Center Family Medicine 400 Wabash Ave City Akron State OH Zip Code 44307-2433 FEC ID number of contributing federal political committee. C Name of Employer Akron General Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: C295135 Amount of Each Receipt this Period 35.00
B. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO Mailing Address AGMC Center Family Medicine 400 Wabash Ave City Akron State OH Zip Code 44307-2433 FEC ID number of contributing federal political committee. C Name of Employer Akron General Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 Transaction ID: C298404 Amount of Each Receipt this Period 35.00
C. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO Mailing Address AGMC Center Family Medicine 400 Wabash Ave City Akron State OH Zip Code 44307-2433 FEC ID number of contributing federal political committee. C Name of Employer Akron General Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7 Transaction ID: C300921 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)

105.00

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 13 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Douglas Benold, MD

Mailing Address 105 Tanksley Cir

City State Zip Code
 Georgetown TX 78628-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williamson County Texas

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 5 / 2 0 0 7

Transaction ID: C298166

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Louise Berner-Holmberg, MD

Mailing Address 322 Forest St

City State Zip Code
 Winnetka IL 60093-3820

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
 0 5 / 1 5 / 2 0 0 7

Transaction ID: C298155

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Nicholas P Bernier, MD

Mailing Address 523 N 3rd St

City State Zip Code
 Brainerd MN 56401-3054

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: C315294

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 162

(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) 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 Mersy Health Partners Occupation Family Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Transaction ID: C296353 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Vicki M 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 Hospice of Northwest Ohio Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7 Transaction ID: C315299 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Karla L Birkholz, MD Mailing Address 18700 N 64th Dr Ste 201 Ste 201 City State Zip Code Glendale AZ 85308-7112 FEC ID number of contributing federal political committee. C Name of Employer Your Family Physician Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 7 Transaction ID: C295398 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)**1365.00****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 15 / 162

(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)
Kevin Leroy Bjordahl, MD

Mailing Address 100 Villa Ln

City State Zip Code
Milbank SD 57252-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 7

Transaction ID: C276641

Amount of Each Receipt this Period

250.00

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

Mailing Address 4407 Leedy Rd

City State Zip Code
Kingsport TN 37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee State Univ-
ersity

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
0 3 / 0 1 / 2 0 0 7

Transaction ID: C273264

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Amy M Bonifas, MD

Mailing Address 2632 Pillsbury Ave

City State Zip Code
Minneapolis MN 55408-1541

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: C295413

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

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 16 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Audrey R Boyd, MD

Mailing Address C M Human Resources Ctr
2200 Harden St

City State Zip Code
Columbia SC 29203-7199

FEC ID number of contributing
federal political committee.

C

Name of Employer
SC Dept of Mental Health

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
0 5 / 0 9 / 2 0 0 7

Transaction ID: C297213

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John R Brill, MD

Mailing Address 6080 S Karrington Ln

City State Zip Code
New Berlin WI 53151-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Health Care

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 6 / 2 5 / 2 0 0 7

Transaction ID: C314832

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City State Zip Code
Glenview IL 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 7

Transaction ID: C261172

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

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 17 / 162

(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)

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City State Zip Code
 Glenview IL 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: C272937

Amount of Each Receipt this Period

250.00

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

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City State Zip Code
 Glenview IL 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 7

Transaction ID: C276974

Amount of Each Receipt this Period

250.00

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

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City State Zip Code
 Glenview IL 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 7

Transaction ID: C298903

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

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 18 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer L Brull, MD

Mailing Address 300 S Colorado St
PO Box 5

City State Zip Code
Plainville KS 67663-0005

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 6 / 2 6 / 2 0 0 7

Transaction ID: C315333

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard R Burdeaux, DO

Mailing Address PO Box 70

City State Zip Code
La Follette TN 37766-0070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Group

Occupation
Owner/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 4 / 2 3 / 2 0 0 7

Transaction ID: C295440

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey J Cain, MD

Mailing Address The Childrens Hospital
1056 E 19th Ave # B085

City State Zip Code
Denver CO 80218-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Children's Hospital

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 2 / 0 9 / 2 0 0 7

Transaction ID: C263113

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1730.00

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 19 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey J Cain, MD

Mailing Address The Childrens Hospital
1056 E 19th Ave # B085

City State Zip Code
Denver CO 80218-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Children's Hospital

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
0 5 / 1 8 / 2 0 0 7

Transaction ID: C298300

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

B. Ann Marie Marie Campione, MD

Mailing Address Specialty Health Clinic
350 W 6th St Ste D2

City State Zip Code
Reno NV 89503-4543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Specialty Health Clinic

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 6 / 1 6 / 2 0 0 7

Transaction ID: C300902

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Gene Cannata, MD

Mailing Address Pratt Family Practice
PO Box 308

City State Zip Code
Pratt KS 67124-0308

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
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298293

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

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 20 / 162

(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)

David Wayne Carlson, MD

Mailing Address 1201 W Agency Rd

City State Zip Code
 West Burlington IA 52655-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great River Medical Services

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 / 1 5 / 2 0 0 7

Transaction ID: C298148

Amount of Each Receipt this Period

250.00

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

David Adam Carlyle, MD

Mailing Address PO Box 3014

City State Zip Code
 Ames IA 50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine East

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 7

Transaction ID: C261153

Amount of Each Receipt this Period

2500.00

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

John Alan Carmichael, MD

Mailing Address Thomas Spann Cln # 300
 7121 S Padre Island Dr

City State Zip Code
 Corpus Christi TX 78412-4938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Spann Clinic

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 4 / 0 3 / 2 0 0 7

Transaction ID: C278859

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 21 / 162

(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)
Baretta R Casey, MD
Mailing Address 171 Cedar Hills Dr

City State Zip Code
Pikeville KY 41501-8704

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky Co-
llege of Medi

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 1 / 0 8 / 2 0 0 7

Transaction ID: C260035

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Judith Chamberlain, MD
Mailing Address 74 Baribeau Dr

City State Zip Code
Brunswick ME 04011-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowdoin Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 7

Transaction ID: C275141

Amount of Each Receipt this Period

4000.00

C. Full Name (Last, First, Middle Initial)
Judith Chamberlain, MD
Mailing Address 74 Baribeau Dr

City State Zip Code
Brunswick ME 04011-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowdoin Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: C296496

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

4615.00

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 22 / 162

(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)
Po-Shen Chang, MD
Mailing Address 139 Monticello Dr

City State Zip Code
Longview WA 98632-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Permanente

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 3 / 0 6 / 2 0 0 7

Transaction ID: C273963

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Charles E Christianson, MD
Mailing Address UNDSM&HS Dept of Fam Med
501 N Columbia Rd

City State Zip Code
Grand Forks ND 58203-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Dakota

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
0 5 / 1 8 / 2 0 0 7

Transaction ID: C298301

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Christopher J Ciccone, MD
Mailing Address 7 Clarke Ct

City State Zip Code
Williamsburg VA 23188-6444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple Multi-Specialty Gr-
oup

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 3 / 2 0 0 7

Transaction ID: C295417

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

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 23 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah S Clements, MD

Mailing Address 10529 Walmer St

City State Zip Code
 Overland Park KS 66212-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Medi-
cal 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
 0 6 / 2 6 / 2 0 0 7

Transaction ID: C315332

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Merrill Ray Conant, MD

Mailing Address 120 W Ross Blvd

City State Zip Code
 Dodge City KS 67801-2131

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
 0 6 / 2 6 / 2 0 0 7

Transaction ID: C315309

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Vanessa Kay Cook, MD

Mailing Address 1509 Rural St

City State Zip Code
 Emporia KS 66801-5545

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
 0 5 / 0 7 / 2 0 0 7

Transaction ID: C296485

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 7

Transaction ID: C261173

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: C272938

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 7

Transaction ID: C276980

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 162

(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)

Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: C295137

Amount of Each Receipt this Period

83.33

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

Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298406

Amount of Each Receipt this Period

83.33

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

Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 7

Transaction ID: C300927

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

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(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)
Manuel O Crespo, DO
Mailing Address 14575 S Bryant Ave

City State Zip Code
Edmond OK 73034-8139

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
0 5 / 0 7 / 2 0 0 7

Transaction ID: C296506

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Telita Crosland, MD
Mailing Address CMR 415 Box 3189

City State Zip Code
APO AE 09114-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Army

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 / 1 4 / 2 0 0 7

Transaction ID: C280194

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Douglas W Curran, MD
Mailing Address 117 Medical Cir

City State Zip Code
Athens TX 75751-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Medical Associat-
es

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 / 0 5 / 2 0 0 7

Transaction ID: C279756

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
 Albany NY 12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: C272941

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
 Albany NY 12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 7

Transaction ID: C277000

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
 Albany NY 12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: C295139

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
 Albany NY 12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: C298418

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jose M David, MD

Mailing Address 804 Huntington Ct

City State Zip Code
 Albany NY 12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 7

Transaction ID: C301328

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul W Davis, MD

Mailing Address 9801 Homestead Trl

City State Zip Code
 Anchorage AK 99507-6765

FEC ID number of contributing
federal political committee.

C

Name of Employer
US PHS

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
 0 5 / 0 9 / 2 0 0 7

Transaction ID: C297085

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
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 / 0 1 / 2 0 0 7

Transaction ID: C295902

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thomas M Dean, MD

Mailing Address Jerauld County Clinic
602 1st St NE

City State Zip Code
Wessington Springs SD 57382-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Health Care

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 3 / 1 4 / 2 0 0 7

Transaction ID: C276495

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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
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 3 / 2 7 / 2 0 0 7

Transaction ID: C278383

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
George P Dempsey, MD
Mailing Address 200 Pantigo PI Ste 1

City State Zip Code
East Hampton NY 11937-5920

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 / 0 1 / 2 0 0 7

Transaction ID: C295883

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Gretchen M Dickson, MD
Mailing Address 609 NE Tudor Rd Apt 2
Apt 2

City State Zip Code
Lees Summit MO 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 Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: C295420

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Jorge Duchicela, MD

Mailing Address 402 Youens Dr

City State Zip Code
Weimar TX 78962-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Youens & Duchicela Clinic

Occupation
MD

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 4 / 1 0 / 2 0 0 7

Transaction ID: C280094

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3230.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Andrew Eason, 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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 7

Transaction ID: C278871

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David C Eitheim, MD

Mailing Address 2211 Stout Rd

City State Zip Code
 Menomonie WI 54751-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Red Cedar Medical Center -
Mayo Health

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 6 / 1 5 / 2 0 0 7

Transaction ID: C300775

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David Alan Ellington, MD

Mailing Address 146 S Main St

City State Zip Code
 Lexington VA 24450-2356

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
 0 5 / 0 8 / 2 0 0 7

Transaction ID: C296967

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cathy Sumiko Endo, MD

Mailing Address Student Health Center
MS 196

City State Zip Code
Reno NV 89557-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nevada, Reno

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 2 / 0 3 / 2 0 0 7

Transaction ID: C262348

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ted Dee Epperly, MD

Mailing Address 777 N Raymond St

City State Zip Code
Boise ID 83704-9251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Residency
of Ohio

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 7

Transaction ID: C276258

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roxanne Fahrenwald, MD

Mailing Address Ste B
123 S 27th St

City State Zip Code
Billings MT 59101-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montana Family Medicine
Residency/YCCH

Occupation
Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 7

Transaction ID: C315389

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carol J Featherstone, MD

Mailing Address 4732 Utah Ave N

City State Zip Code
 New Hope MN 55428-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Nicollet Clinic

Occupation
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 2 / 0 5 / 2 0 0 7

Transaction ID: C262371

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Bradley J Fedderly, MD

Mailing Address 7901 N Mohawk Rd

City State Zip Code
 Milwaukee WI 53217-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wheaton Franciscan Medical
Group

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 5 / 2 0 0 7

Transaction ID: C262364

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City State Zip Code
 Dyersburg TN 38024-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 7

Transaction ID: C261175

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 1043 Sir James Ave		
City Dyersburg	State TN	Zip Code 38024-7344
FEC ID number of contributing federal political committee. C		Transaction ID: C272942
Name of Employer Family Care, PC		Amount of Each Receipt this Period 100.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 1043 Sir James Ave		
City Dyersburg	State TN	Zip Code 38024-7344
FEC ID number of contributing federal political committee. C		Transaction ID: C277017
Name of Employer Family Care, PC		Amount of Each Receipt this Period 100.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 1043 Sir James Ave		
City Dyersburg	State TN	Zip Code 38024-7344
FEC ID number of contributing federal political committee. C		Transaction ID: C295140
Name of Employer Family Care, PC		Amount of Each Receipt this Period 100.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

300.00

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 35 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City

Dyersburg

State

TN

Zip Code

38024-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298408

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City

Dyersburg

State

TN

Zip Code

38024-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: C301348

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Larry Stephens Fields, MD

Mailing Address Family Medicine Center PLLC
PO Box 987

City

Flatwoods

State

KY

Zip Code

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 3 / 0 3 / 2 0 0 7

Transaction ID: C273728

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1200.00

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

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☒ 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)

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 7

Transaction ID: C261150

Amount of Each Receipt this Period

500.00

B. 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 7

Transaction ID: C298121

Amount of Each Receipt this Period

4500.00

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

Ruth Fischer-Wright, MD

Mailing Address Providence Med Group Merc
 4015 Mercantile Dr Ste 200

City State Zip Code
 Lake Oswego OR 97035-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence 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 / 0 9 / 2 0 0 7

Transaction ID: C297358

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

5365.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn R Fisher, MD

Mailing Address 300 S Colorado St

City State Zip Code
 Plainville KS 67663-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lifeline Family Medicine

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 6 / 2 6 / 2 0 0 7

Transaction ID: C315330

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code
 Shreveport LA 71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Antidote Education Company

Occupation
Senior Medical Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 3 / 2 0 0 7

Transaction ID: C259898

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Walter F Fletcher, MD

Mailing Address 55 Lizzie Dee Ln

City State Zip Code
 Lexington TN 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

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 7

Transaction ID: C272580

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6365.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Conrad Lloyd Flick, MD

Mailing Address 103 Greenway Overlook

City State Zip Code
 Cary NC 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

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 7

Transaction ID: C273017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph A Florence, MD

Mailing Address ETSU Dept of Fam Med
 PO Box 70621

City State Zip Code
 Johnson City TN 37614-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee State Univ-
ersity

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 2 / 0 9 / 2 0 0 7

Transaction ID: C263101

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Beth Anne Fox, MD

Mailing Address PO Box 1445

City State Zip Code
 Kingsport TN 37662-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETSU Dept of Family Medic-
ine

Occupation
Assistant Professor

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 2 / 2 0 0 7

Transaction ID: C295397

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leonard Michael Fromer, MD

Mailing Address 15525 Hamner Dr

City State Zip Code
 Los Angeles CA 90077-1804

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
 0 2 / 1 2 / 2 0 0 7

Transaction ID: C263205

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard M Fruehling, MD

Mailing Address Suite 400
 2116 W Faidley Ave

City State Zip Code
 Grand Island NE 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

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: C295130

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Armand V Gallanosa, MD

Mailing Address 3113 Broadway St

City State Zip Code
 Anderson IN 46012-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Medical Managem-
ent

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 3 / 2 0 0 7

Transaction ID: C295421

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

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(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)

Carolyn N Gaughan, CAE

Mailing Address E Dir KS AFP Bldg 1046 - C
7570 W 21st St N 1046C

City State Zip Code
Wichita KS 67205-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Academy of Family
Physicians

Occupation
Chapter Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: C263186

Amount of Each Receipt this Period

100.00

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

Carolyn N Gaughan, CAE

Mailing Address E Dir KS AFP Bldg 1046 - C
7570 W 21st St N 1046C

City State Zip Code
Wichita KS 67205-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Academy of Family
Physicians

Occupation
Chapter Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: C315306

Amount of Each Receipt this Period

265.00

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

James M Gill, MD

Mailing Address 17 Henderson Hill Rd

City State Zip Code
Newark DE 19711-5958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware Valley Outcomes
Research, LLC

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
0 5 / 1 9 / 2 0 0 7

Transaction ID: C298334

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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(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) Roland Adolph Goertz, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1600 Providence Dr		
City	State	Zip Code
Waco	TX	76707-2261
FEC ID number of contributing federal political committee.		Transaction ID: C272581
Name of Employer Family Practice Center		Amount of Each Receipt this Period 92.73
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	

B. Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 1600 Providence Dr		
City	State	Zip Code
Waco	TX	76707-2261
FEC ID number of contributing federal political committee.		Transaction ID: C277023
Name of Employer Family Practice Center		Amount of Each Receipt this Period 92.73
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	

C. Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 1600 Providence Dr		
City	State	Zip Code
Waco	TX	76707-2261
FEC ID number of contributing federal political committee.		Transaction ID: C295141
Name of Employer Family Practice Center		Amount of Each Receipt this Period 92.73
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	

SUBTOTAL of Receipts This Page (optional)

278.19

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

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(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) Roland Adolph Goertz, MD Mailing Address 1600 Providence Dr City State Zip Code Waco TX 76707-2261 FEC ID number of contributing federal political committee. C Name of Employer Family Practice Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 463.65			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 Transaction ID: C298409 Amount of Each Receipt this Period 92.73
B. Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence Dr City State Zip Code Waco TX 76707-2261 FEC ID number of contributing federal political committee. C Name of Employer Family Practice Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 463.65			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7 Transaction ID: C301350 Amount of Each Receipt this Period 92.73
C. Full Name (Last, First, Middle Initial) Minda J Gold, MD Mailing Address 71 Lessner Rd City State Zip Code Damariscotta ME 04543-4118 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 ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7 Transaction ID: C296502 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

550.46

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

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(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)

A. Michael Edward Grady, MD

Mailing Address 220 Tillicum Dr

City	State	Zip Code
Silverton	OR	97381-1886

FEC ID number of contributing
federal political committee.**C**Name of Employer
Silverton HospitalOccupation
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	4		0	5		2	0	0	7

Transaction ID: C279755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Graham, MD

Mailing Address 1135 Fort View PI

City	State	Zip Code
Cincinnati	OH	45202-1713

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of CincinnatiOccupation
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	5		2	0	0	7

Transaction ID: C298171

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Marin Catherine Granholm, MD

Mailing Address PO Box 3422

City	State	Zip Code
Bethel	AK	99559-3422

FEC ID number of contributing
federal political committee.**C**Name of Employer
YKHCOccupation
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	2		0	6		2	0	0	7

Transaction ID: C262409

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas David Greer, MD

Mailing Address PO Box 360

City

Henrietta

State

TX

Zip Code

76365-0360

FEC ID number of contributing
federal political committee.

C

Name of Employer
T. David Greer and Associ-
ates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: C281264

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thomas David Greer, MD

Mailing Address PO Box 360

City

Henrietta

State

TX

Zip Code

76365-0360

FEC ID number of contributing
federal political committee.

C

Name of Employer
T. David Greer and Associ-
ates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: C315305

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Anne Griffiths, MD

Mailing Address N903 County Rd N

City

Whitewater

State

WI

Zip Code

53190-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean St. Mary's

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 6 / 1 5 / 2 0 0 7

Transaction ID: C300776

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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☒ 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)
Douglas J Gruenbacher, MD

Mailing Address 501 Garfield
PO Box 510

City State Zip Code
Quinter KS 67752-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluestem Medical

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
0 6 / 2 6 / 2 0 0 7

Transaction ID: C315329

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey D Harrison, MD

Mailing Address Univ of NE Medical Center
983075 Nebraska Medical Ctr

City State Zip Code
Omaha NE 68198-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nebraska

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 2 / 1 2 / 2 0 0 7

Transaction ID: C263209

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Michael H Hartsell, MD

Mailing Address 314 Tusculum Blvd

City State Zip Code
Greeneville TN 37745-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

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 1 / 0 9 / 2 0 0 7

Transaction ID: C260081

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 46 / 162

(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

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) Rick Lee Hartwell, MD Mailing Address 1821 W Harborlight St City State Zip Code Wichita KS 67204-2574 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Volunteer Hospice Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt <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>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C315310 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7	365.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	6		2	0	0	7																							
365.00																																
B. Full Name (Last, First, Middle Initial) Deborah Gene Haynes, MD Mailing Address 3009 N Cypress Dr City State Zip Code Wichita KS 67226-4003 FEC ID number of contributing federal political committee. C Name of Employer Via Christi Reg. Med. Ctr. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <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>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C315317 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	6		2	0	0	7																							
1000.00																																
C. Full Name (Last, First, Middle Initial) Lori J Heim, MD Mailing Address 250 Hollybrook Farm Ln City State Zip Code Vass NC 28394-8952 FEC ID number of contributing federal political committee. C Name of Employer USAF Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C273140 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		2	8		2	0	0	7																							
1000.00																																

SUBTOTAL of Receipts This Page (optional)

2365.00

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 47 / 162

(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) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Transaction ID: C276489 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: C295142 Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 Transaction ID: C298410 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 48 / 162

(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)
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
Sioux Valley Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: C301351

Amount of Each Receipt this Period

500.00

B. 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
American Academy of Family Physicians

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 7

Transaction ID: C260111

Amount of Each Receipt this Period

2500.00

C. 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

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: C295891

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 49 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrea M Herman, MD

Mailing Address 1616 N 58th St

City State Zip Code
 Omaha NE 68104-4822

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

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 7

Transaction ID: C295761

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 7

Transaction ID: C276537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: C298891

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 50 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: C301353

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marcus T Higi, MD

Mailing Address 1423 E Main St # 119

City State Zip Code
Cortez CO 81321-2931

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
0 4 / 2 7 / 2 0 0 7

Transaction ID: C295758

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. 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

Occupation
Physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: C279747

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 51 / 162

(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) David J Hoelting, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 100 ValleyView Dr P.O. Box 283		Transaction ID: C297095
City Pender State NE Zip Code 68047-0609	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Medical Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) David J Hoelting, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 100 ValleyView Dr P.O. Box 283		Transaction ID: C300939
City Pender State NE Zip Code 68047-0609	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Medical Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) David Martin Hoffmann, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address W7876 County Road O		Transaction ID: C295425
City Mauston State WI Zip Code 53948-9328	Amount of Each Receipt this Period 365.00	
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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1115.00

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 52 / 162

(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)
James David Holt, MD

Mailing Address 10 Flamingo Ct

City State Zip Code
Johnson City TN 37601-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETSU

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 / 0 7 / 2 0 0 7

Transaction ID: C296533

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Mary Marcella Huff, MD

Mailing Address 402 May St

City State Zip Code
Sweetwater TN 37874-2712

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 7

Transaction ID: C261176

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Mary Marcella Huff, MD

Mailing Address 402 May St

City State Zip Code
Sweetwater TN 37874-2712

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: C272943

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

445.00

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 53 / 162

(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)

Mary Marcella Huff, MD

Mailing Address 402 May St

City State Zip Code
 Sweetwater TN 37874-2712

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 7

Transaction ID: C277069

Amount of Each Receipt this Period

40.00

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

Mary Marcella Huff, MD

Mailing Address 402 May St

City State Zip Code
 Sweetwater TN 37874-2712

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: C295144

Amount of Each Receipt this Period

40.00

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

Mary Marcella Huff, MD

Mailing Address 402 May St

City State Zip Code
 Sweetwater TN 37874-2712

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: C298419

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 54 / 162

(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)

Mary Marcella Huff, MD

Mailing Address 402 May St

City State Zip Code
Sweetwater TN 37874-2712

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: C301386

Amount of Each Receipt this Period

40.00

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

Mohammed Imteyaz Hussain, MD

Mailing Address 4201 99th Ave N

City State Zip Code
Brooklyn Park MN 55443-1830

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 4 / 2 5 / 2 0 0 7

Transaction ID: C295548

Amount of Each Receipt this Period

365.00

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

Jennifer Hyer

Mailing Address 25200 NW Saint Helens Rd
Slip 31

City State Zip Code
Portland OR 97231-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHSU

Occupation
Medical Student

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 3 / 0 7 / 2 0 0 7

Transaction ID: C275144

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

770.00

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 / 162

(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

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) Richard Douglas Iliff, MD Mailing Address 2201 NE 31st St City Topeka State KS Zip Code 66617-3549 FEC ID number of contributing federal political committee. C Name of Employer RD Iliff MD PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt <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>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C315331 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7	365.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		2	6		2	0	0	7																								
365.00																																	
B. Full Name (Last, First, Middle Initial) Elvin C Irvin, MD Mailing Address 1020 Gulf Breeze Pkwy City Gulf Breeze State FL Zip Code 32561-4838 FEC ID number of contributing federal political committee. C 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 ▼ 300.00			Date of Receipt <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>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C261177 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	7	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	1		2	4		2	0	0	7																								
100.00																																	
C. Full Name (Last, First, Middle Initial) Elvin C Irvin, MD Mailing Address 1020 Gulf Breeze Pkwy City Gulf Breeze State FL Zip Code 32561-4838 FEC ID number of contributing federal political committee. C 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 ▼ 300.00			Date of Receipt <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>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C272944 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	7	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	2		2	1		2	0	0	7																								
100.00																																	

SUBTOTAL of Receipts This Page (optional)

565.00

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 56 / 162

(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)
Elvin C Irvin, MD
Mailing Address 1020 Gulf Breeze Pkwy

City State Zip Code
Gulf Breeze FL 32561-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Physician Part-
ners

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 7

Transaction ID: C277095

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Rebecca Jaffe, MD
Mailing Address Suite 300
3105 Limestone Rd

City State Zip Code
Wilmington DE 19808-2147

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

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 7

Transaction ID: C299908

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Paul Arthur James, MD
Mailing Address 01286-D PFP
200 Hawkins Dr

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa

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 / 1 1 / 2 0 0 7

Transaction ID: C280112

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

965.00

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 57 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra Lee Johnson, MD

Mailing Address 610 30th Ave W

City

Alexandria

State

MN

Zip Code

56308-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexandria Clinic

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 4 / 2 5 / 2 0 0 7

Transaction ID: C295556

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michelle F Jones, MD

Mailing Address 111 Coastal Bluffs Ct

City

Hampstead

State

NC

Zip Code

28443-8463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmington Health Assocs.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: C296499

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Samuel M Jones, MD

Mailing Address 10145 Community Ln

City

Fairfax Station

State

VA

Zip Code

22039-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
VCU-Fairfax Family Practi-
ce

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 1 / 2 3 / 2 0 0 7

Transaction ID: C261158

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1240.00

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 58 / 162

(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) Larry H Kagan, MD Mailing Address 5249 Rolleston Dr City State Zip Code Virginia Beach VA 23464-2542 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7 Transaction ID: C298882 Amount of Each Receipt this Period 250.00
Name of Employer Indian River Family Pract-ice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician Aggregate Year-to-Date ▼ 250.00
B. Full Name (Last, First, Middle Initial) Norman B Kahn, Jr Mailing Address 11400 Tomahawk Creek Pkwy City State Zip Code Leawood KS 66211-2672 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7 Transaction ID: C263215 Amount of Each Receipt this Period 365.00
Name of Employer AAFP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician Aggregate Year-to-Date ▼ 365.00
C. Full Name (Last, First, Middle Initial) Carla Lee Kakutani, MD Mailing Address 438 Abbey St City State Zip Code Winters CA 95694-1837 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: C295884 Amount of Each Receipt this Period 500.00
Name of Employer Sutter West Medical Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

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 59 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent D Keenan, CAE

Mailing Address 4756 Main St

City State Zip Code
 Lisle IL 60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: C294353

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Vincent D Keenan, CAE

Mailing Address 4756 Main St

City State Zip Code
 Lisle IL 60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 2 / 2 0 0 7

Transaction ID: C296352

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Vincent D Keenan, CAE

Mailing Address 4756 Main St

City State Zip Code
 Lisle IL 60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: C298420

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 60 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent D Keenan, CAE

Mailing Address 4756 Main St

City State Zip Code
 Lisle IL 60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 2 / 2 0 0 7

Transaction ID: C301388

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Rick Kellerman, MD

Mailing Address Dept of Family Medicine
 1010 N Kansas St

City State Zip Code
 Wichita KS 67214-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas University School
of Medicine

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
 0 1 / 3 1 / 2 0 0 7

Transaction ID: C262241

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 4 / 2 0 0 7

Transaction ID: C259935

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6125.00

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 61 / 162

(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)

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
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
 0 4 / 1 0 / 2 0 0 7

Transaction ID: C280093

Amount of Each Receipt this Period

365.00

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

Diane D Klingman, MD

Mailing Address 3009 N Cypress Dr

City State Zip Code
 Wichita KS 67226-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Medical Associa-
tes

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 4 / 1 4 / 2 0 0 7

Transaction ID: C280193

Amount of Each Receipt this Period

250.00

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
Shelby County Health Syst-
ems

Occupation
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 7

Transaction ID: C296972

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

815.00

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 62 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City Harlan State IA Zip Code 51537-2009

FEC ID number of contributing federal political committee.

C

Name of Employer
Shelby County Health Systems

Occupation
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 6 / 2 2 / 2 0 0 7

Transaction ID: C301392

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Janice C Klos, CAE

Mailing Address Chief Exec Officer MI AFP
2164 Commons Pkwy

City Okemos State MI Zip Code 48864-3986

FEC ID number of contributing federal political committee.

C

Name of Employer
MIAFP

Occupation
CEO

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 / 0 8 / 2 0 0 7

Transaction ID: C296979

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Laura C Knobel, MD

Mailing Address 3 Freedom Way

City Walpole State MA Zip Code 02081-2290

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
0 5 / 0 8 / 2 0 0 7

Transaction ID: C296983

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

930.00

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 63 / 162

(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)

Mary V Krueger, MD

Mailing Address 318 Doniphan Dr Apt 2

City State Zip Code
 Fort Leavenworth KS 66027-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Army

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 / 0 9 / 2 0 0 7

Transaction ID: C297082

Amount of Each Receipt this Period

365.00

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

Carol A La Croix, MD

Mailing Address 6623 Glenwood Rd

City State Zip Code
 Omaha NE 68132-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNMC Physicians

Occupation
Family 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 6 / 1 9 / 2 0 0 7

Transaction ID: C300938

Amount of Each Receipt this Period

365.00

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

Daniel Scott Lewis, MD

Mailing Address 2204 Elgin Rd

City State Zip Code
 Winston Salem NC 27103-4423

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 7 / 2 0 0 7

Transaction ID: C275143

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

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 64 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virgilio Licona, MD

Mailing Address Salud Family Hlth Centers
1115 2nd St

City State Zip Code
Fort Lupton CO 80621-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salud Family Health Center

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
0 3 / 1 2 / 2 0 0 7

Transaction ID: C276319

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lynne Marie B Lillie, MD

Mailing Address 4446 Jack Pine Trl N
1875 Woodwinds Dr

City State Zip Code
Lake Elmo MN 55042-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health East Clinic

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 4 / 2 0 0 7

Transaction ID: C295463

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. 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

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 7

Transaction ID: C261145

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5865.00

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 65 / 162

(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) Patricia Jean Lindholm, MD Mailing Address 615 S Mill St City State Zip Code Fergus Falls MN 56537-2738 FEC ID number of contributing federal political committee. C Name of Employer Fergus Falls Medical Group, PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 7 Transaction ID: C261178 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 615 S Mill St City State Zip Code Fergus Falls MN 56537-2738 FEC ID number of contributing federal political committee. C Name of Employer Fergus Falls Medical Group, PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7 Transaction ID: C272949 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 615 S Mill St City State Zip Code Fergus Falls MN 56537-2738 FEC ID number of contributing federal political committee. C Name of Employer Fergus Falls Medical Group, PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Transaction ID: C295466 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 66 / 162

(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)

Nancy A Lohuis, MD

Mailing Address Four Seasons Fam Prac PLLC
PO Box 1050

City State Zip Code
Princeton WV 24740-1050

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
0 5 / 0 7 / 2 0 0 7

Transaction ID: C296518

Amount of Each Receipt this Period

365.00

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

Glenn Allen Loomis, MD

Mailing Address 1210 W Saginaw St
PO Box 13008

City State Zip Code
Lansing MI 48901-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Health System

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
0 6 / 0 1 / 2 0 0 7

Transaction ID: C298992

Amount of Each Receipt this Period

500.00

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

Carolyn C Lopez, MD

Mailing Address 2906 W Wilson Ave

City State Zip Code
Chicago IL 60625-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cook County

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 / 1 7 / 2 0 0 7

Transaction ID: C281084

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

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 67 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Shore Lowry, MD

Mailing Address 117 Kennedy Dr

City State Zip Code
 Martin TN 38237-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Medical Center

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
 0 6 / 1 1 / 2 0 0 7

Transaction ID: C299905

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Colleen C Lyons, MD

Mailing Address Aspen Family Medical
 2874 N Carson St Ste 127

City State Zip Code
 Carson City NV 89706-0177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Family Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 7

Transaction ID: C295745

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Michael L Madden, MD

Mailing Address 4907 Windermere Blvd

City State Zip Code
 Alexandria LA 71303-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.S. U. HSC

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 0 / 2 0 0 7

Transaction ID: C295129

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1565.00

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 68 / 162

(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) Richard F Madden, MD Mailing Address 609 Christopher Dr City Belen State NM Zip Code 87002-2601 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 ▼ <div>500.00</div>		Date of Receipt <div>05 / 07 / 2007</div> Transaction ID: C296495 Amount of Each Receipt this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) Beth S Marcus, MD Mailing Address 938 E Palm Ave City Burbank State CA Zip Code 91501-1411 FEC ID number of contributing federal political committee. C Name of Employer Family Practice of Glendale Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>05 / 22 / 2007</div> Transaction ID: C298442 Amount of Each Receipt this Period <div>150.00</div>
C. Full Name (Last, First, Middle Initial) Beth S Marcus, MD Mailing Address 938 E Palm Ave City Burbank State CA Zip Code 91501-1411 FEC ID number of contributing federal political committee. C Name of Employer Family Practice of Glendale Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>05 / 30 / 2007</div> Transaction ID: C298943 Amount of Each Receipt this Period <div>150.00</div>

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 162

(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)

Melchisedek L Margaris, MD

Mailing Address PO Box 284

City State Zip Code
 Great Falls MT 59403-0284

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
 0 6 / 2 9 / 2 0 0 7

Transaction ID: C315485

Amount of Each Receipt this Period

365.00

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

Jason E Marker, MD

Mailing Address 63606 Dogwood Rd
 PO Box 90

City State Zip Code
 Mishawaka IN 46544-9757

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
 0 5 / 0 9 / 2 0 0 7

Transaction ID: C297001

Amount of Each Receipt this Period

365.00

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

Renee L Markovich, MD

Mailing Address West Side Family Practice
 400 Wabash Ave

City State Zip Code
 Akron OH 44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Medical Cen-
ter

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 / 0 7 / 2 0 0 7

Transaction ID: C296525

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

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(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) Robert C Marshall, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 2001 28th Street Ct NW		
City	State	Zip Code
Gig Harbor	WA	98335-7987
FEC ID number of contributing federal political committee.		Transaction ID: C294354
Name of Employer US Navy		Amount of Each Receipt this Period 150.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Robert C Marshall, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 2001 28th Street Ct NW		
City	State	Zip Code
Gig Harbor	WA	98335-7987
FEC ID number of contributing federal political committee.		Transaction ID: C297089
Name of Employer US Navy		Amount of Each Receipt this Period 150.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Jennifer A Mayfield, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 6307 N Park View Ln		
City	State	Zip Code
Spokane	WA	99205-7703
FEC ID number of contributing federal political committee.		Transaction ID: C260528
Name of Employer Self		Amount of Each Receipt this Period 365.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(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)

Michael Allen McAdoo, MD

Mailing Address Family Practice
6041 Telecom Dr

City Milan State TN Zip Code 38358-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed (Milan Medi-
cal 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
0 5 / 0 1 / 2 0 0 7

Transaction ID: C295892

Amount of Each Receipt this Period

365.00

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

Debra O McCaul, MD

Mailing Address 1100 W 10th St Ste 140

City Rolla State MO Zip Code 65401-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Sisters of Mer-
cy

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 4 / 1 2 / 2 0 0 7

Transaction ID: C280122

Amount of Each Receipt this Period

250.00

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

Samantha Easterly McLerran, MD

Mailing Address 500 W Main St

City Livingston State TN Zip Code 38570-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

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 3 / 2 2 / 2 0 0 7

Transaction ID: C277291

Amount of Each Receipt this Period

356.00

SUBTOTAL of Receipts This Page (optional)

971.00

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 72 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samantha Easterly McLerran, MD

Mailing Address 500 W Main St

City State Zip Code
 Livingston TN 38570-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

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 6 / 2 6 / 2 0 0 7

Transaction ID: C315296

Amount of Each Receipt this Period

9.00

Full Name (Last, First, Middle Initial)

B. William J Medwid, MD

Mailing Address 33 Tenney St

City State Zip Code
 Georgetown MA 01833-2216

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
 0 4 / 2 3 / 2 0 0 7

Transaction ID: C295437

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kathleen J Miller, MD

Mailing Address SIU Decatur Fam Ctr
 250 W Kenwood Ave

City State Zip Code
 Decatur IL 62526-4371

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine

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 8 / 2 0 0 7

Transaction ID: C298308

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

739.00

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 73 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Lee Mills, Jr

Mailing Address Wichita Clinic
720 Medical Center Dr

City State Zip Code
Newton KS 67114-8778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Clinic, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 7

Transaction ID: C272582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elisabeth Fowlie Mock, MD

Mailing Address 46 Clark Hill Rd
915 Union St Ste 4

City State Zip Code
Holden ME 04429-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Maine Medical Cen-
ter

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 2 / 0 5 / 2 0 0 7

Transaction ID: C262356

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Elisabeth Fowlie Mock, MD

Mailing Address 46 Clark Hill Rd
915 Union St Ste 4

City State Zip Code
Holden ME 04429-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Maine Medical Cen-
ter

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 / 0 7 / 2 0 0 7

Transaction ID: C296539

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

615.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: C263115

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: C295896

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: C300623

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 162

(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)

Charles A Montgomery, MD

Mailing Address PO Box 1025

City	State	Zip Code
Greeneville	TN	37744-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	6		1	9		2	0	0	7

Transaction ID: C300934

Amount of Each Receipt this Period

365.00

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
MHHSOccupation
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	2		0	8		2	0	0	7

Transaction ID: C263099

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
MHHSOccupation
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	3		2	0		2	0	0	7

Transaction ID: C277146

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

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

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(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)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: C295157

Amount of Each Receipt this Period

100.00

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: C298423

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: C314849

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 77 / 162

(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) Robert Paul Moser, Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 658 712 2nd Street		Transaction ID: C261151
City Tribune	State KS	Zip Code 67879-0658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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	

B. Full Name (Last, First, Middle Initial) Scott Edward Moser, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address Univ Of Ks - School Of Med 1010 N Kansas St		Transaction ID: C315308
City Wichita	State KS	Zip Code 67214-3124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer KUSM-Wichita	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) John Franklin Mueller, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 69 Snipatuit Rd		Transaction ID: C298775
City Rochester	State MA	Zip Code 02770-1504
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	

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Lawrence Munger, MD

Mailing Address 12330 Metcalf Ave Ste 400

City State Zip Code
 Overland Park KS 66213-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Lukes Medical Group

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
 0 6 / 0 6 / 2 0 0 7

Transaction ID: C299741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Konrad C Nau, MD

Mailing Address 171 Taylor St

City State Zip Code
 Harpers Ferry WV 25425

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia University

Occupation
Physician Educator

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 3 / 2 0 0 7

Transaction ID: C295430

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Mark R Needham, MD

Mailing Address 644 Kingman Ave

City State Zip Code
 Santa Monica CA 90402-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Monica Bay Physicia-
ns

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 7

Transaction ID: C295870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

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 79 / 162

(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) Michael Lynn O'Dell, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address NMMC Family Medicine RP 1665 S Green St			Transaction ID: C298560	
City State Zip Code Tupelo MS 38804-6556			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C				
Name of Employer North Mississippi Medical Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) Keith Keith Osborne, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 11001 N Black Canyon Hwy			Transaction ID: C279995	
City State Zip Code Phoenix AZ 85029-4757			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA Healthcare		Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Daniel J Ostergaard, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 14547 S Hagan St			Transaction ID: C276252	
City State Zip Code Olathe KS 66062-9001			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C				
Name of Employer American Academy of 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		

SUBTOTAL of Receipts This Page (optional)

1730.00

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

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(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)

A. Tomas P Owens, JrMailing Address Associate Director
3500 NW 56th St Ste 100City State Zip Code
Oklahoma City OK 73112-4517FEC ID number of contributing
federal political committee.**C**Name of Employer
Great Plains Family Medic-
ineOccupation
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	2		1	2		2	0	0	7

Transaction ID: C263185

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert Milton Pallay, MD

Mailing Address 211 Courtyard Dr

City State Zip Code
Hillsborough NJ 08844-4247FEC ID number of contributing
federal political committee.**C**Name of Employer
Dimensional HealthcareOccupation
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	2		0	5		2	0	0	7

Transaction ID: C262359

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joseph Michael Parra, MD

Mailing Address 1631 S Michelle St

City State Zip Code
Wichita KS 67207-6546FEC ID number of contributing
federal political committee.**C**Name of Employer
Wesley Family medicineOccupation
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		0	7		2	0	0	7

Transaction ID: C296498

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Dewayne Parrott, MD

Mailing Address PO Box 389

City State Zip Code
 Okeene OK 73763-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okeene Memorial Hospital

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 5 / 2 0 0 7

Transaction ID: C298147

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Marguerite B Picou, MD

Mailing Address 740 Keyser Ave
 # A

City State Zip Code
 Natchitoches LA 71457-6043

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
 0 4 / 1 2 / 2 0 0 7

Transaction ID: C294350

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Francis L Pisney, M.D.

Mailing Address Ellsworth Family Medicine
 322 1/2 College Ave

City State Zip Code
 Iowa Falls IA 50126-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellsworth Municipal Hospi-
tal, Iowa Fal

Occupation
Family 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 / 0 1 / 2 0 0 7

Transaction ID: C295882

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 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)

Gary Michael Plant, MD

Mailing Address 76 NE 12th St

City State Zip Code
 Madras OR 97741-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madras Medical Group

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 4 / 0 3 / 2 0 0 7

Transaction ID: C278836

Amount of Each Receipt this Period

500.00

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

D Gabriel Polk, DO

Mailing Address The Waynesboro Clinic PC
 PO Box 778

City State Zip Code
 Waynesboro TN 38485-0778

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Waynesboro Clinic, PC

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
 0 3 / 0 6 / 2 0 0 7

Transaction ID: C273962

Amount of Each Receipt this Period

500.00

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

Donald Howard Polk, DO

Mailing Address PO Box 778

City State Zip Code
 Waynesboro TN 38485-0778

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
 0 3 / 0 6 / 2 0 0 7

Transaction ID: C273959

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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

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(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)

Donya Ann Powers, MD

Mailing Address 50 Office Pkwy

City State Zip Code
 East Providence RI 02914-1636

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

M M / D D / Y Y Y Y
 0 5 / 0 2 / 2 0 0 7

Transaction ID: C296286

Amount of Each Receipt this Period

1000.00

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

Karla Graue Pratt

Mailing Address Executive Vice Pres - WA AFP
 1050 140th Ave NE Ste C

City State Zip Code
 Bellevue WA 98005-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Academy of Fam-
ily Physician

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: C273201

Amount of Each Receipt this Period

365.00

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

Janice Eileen Ragland, MD

Mailing Address 13011 Monroe Manor Dr

City State Zip Code
 Herndon VA 20171-2909

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

M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 7

Transaction ID: C298312

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard L Rajewski, MD

Mailing Address Hays Family Medicine
2509 Canterbury Dr

City Hays State KS Zip Code 67601-2294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hays Family Practice

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 6 / 2 6 / 2 0 0 7

Transaction ID: C315313

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Avinash Dubbaka Reddy, MD

Mailing Address Univ TN FMRP
294 Summar Dr

City Jackson State TN Zip Code 38301-3915

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee

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 / 0 8 / 2 0 0 7

Transaction ID: C296992

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Randy J Rice, MD

Mailing Address Gateway Fam Hlth Cln
4570 County Highway 61

City Moose Lake State MN Zip Code 55767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gateway Family Health Cli-
ninc

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 3 / 2 0 0 7

Transaction ID: C295435

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(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) Randy J Rice, MD Mailing Address Gateway Fam Hlth Cln 4570 County Highway 61 City Moose Lake State MN Zip Code 55767 FEC ID number of contributing federal political committee. C Name of Employer Gateway Family Health Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 04 / 23 / 2007 Transaction ID: C295443 Amount of Each Receipt this Period 265.00
B. Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD Mailing Address Fox Valley Fam Med Residency 229 S Morrison St City Appleton State WI Zip Code 54911-5725 FEC ID number of contributing federal political committee. C Name of Employer Kettering Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.00		Date of Receipt MM / DD / YYYY 01 / 24 / 2007 Transaction ID: C261182 Amount of Each Receipt this Period 84.00
C. Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD Mailing Address Fox Valley Fam Med Residency 229 S Morrison St City Appleton State WI Zip Code 54911-5725 FEC ID number of contributing federal political committee. C Name of Employer Kettering Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.00		Date of Receipt MM / DD / YYYY 02 / 22 / 2007 Transaction ID: C273003 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)

433.00

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
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(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) Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address Fox Valley Fam Med Residency 229 S Morrison St		Transaction ID: C276255
City Appleton	State WI	Zip Code 54911-5725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kettering Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.00	

B. Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address Fox Valley Fam Med Residency 229 S Morrison St		Transaction ID: C295160
City Appleton	State WI	Zip Code 54911-5725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kettering Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.00	

C. Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address Fox Valley Fam Med Residency 229 S Morrison St		Transaction ID: C298425
City Appleton	State WI	Zip Code 54911-5725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kettering Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(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) Elisabeth L. Richter, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address Fox Valley Fam Med Residency 229 S Morrison St			Transaction ID: C301365	
City Appleton State WI Zip Code 54911-5725			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Kettering Medical Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.00		
B. Full Name (Last, First, Middle Initial) Richard Guy Roberts, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address Dept Of Fam Medicine 777 S Mills St			Transaction ID: C281088	
City Madison State WI Zip Code 53715-1849			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C				
Name of Employer University of Wisconsin		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Perry C Rothrock, III			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 1047 Murray Hill Ln			Transaction ID: C278794	
City Memphis State TN Zip Code 38120-2645			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Perry C. Rothrock III, MD, PLLC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

965.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis F Salisbury, MD

Mailing Address Regional Medical Arts Pavilion
435 S Crystal St

City State Zip Code
Butte MT 59701-1506

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: C296505

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dennis F Salisbury, MD

Mailing Address Regional Medical Arts Pavilion
435 S Crystal St

City State Zip Code
Butte MT 59701-1506

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: C298401

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dennis F Salisbury, MD

Mailing Address Regional Medical Arts Pavilion
435 S Crystal St

City State Zip Code
Butte MT 59701-1506

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: C298402

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

415.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah L Sams, MD

Mailing Address Dove Family Care
5123 Norwich St Ste 110

City Hilliard State OH Zip Code 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: C281151

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George E Schoephoerster, MD

Mailing Address CentraCare Hlth Plz
1900 Centracare Cir

City Saint Cloud State MN Zip Code 56303-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraCare Clinic

Occupation
Family 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 4 / 2 0 0 7

Transaction ID: C295464

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Paul J Schommer, MD

Mailing Address Ste 202
311 W Noble Ave

City Visalia State CA Zip Code 93277-2669

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

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 7

Transaction ID: C276253

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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 C Seager, MD

Mailing Address 602 Church St SW

City State Zip Code
 North Canton OH 44720-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Care Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 2 / 2 0 0 7

Transaction ID: C296284

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Darcy K Selenke, MD

Mailing Address 101 W Sycamore St

City State Zip Code
 Columbus KS 66725-1276

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Medical Group-
Columbus

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 6 / 2 6 / 2 0 0 7

Transaction ID: C315307

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. George Wm Shannon, MD

Mailing Address 106 Enterprise Ct Suite A
 Ste A

City State Zip Code
 Columbus GA 31904-3089

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 7

Transaction ID: C261183

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

900.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address 106 Enterprise Ct Suite A Ste A			Transaction ID: C273004	
City State Zip Code Columbus GA 31904-3089			Amount of Each Receipt this Period 35.00	
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 ▼ 210.00		
B. Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
Mailing Address 106 Enterprise Ct Suite A Ste A			Transaction ID: C277149	
City State Zip Code Columbus GA 31904-3089			Amount of Each Receipt this Period 35.00	
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 ▼ 210.00		
C. Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 106 Enterprise Ct Suite A Ste A			Transaction ID: C295162	
City State Zip Code Columbus GA 31904-3089			Amount of Each Receipt this Period 35.00	
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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☐ 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) George Wm Shannon, MD		Date of Receipt <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>2</td><td>2</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	7
M	M		/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	7													
Mailing Address 106 Enterprise Ct Suite A Ste A																						
City	State	Zip Code																				
Columbus	GA	31904-3089																				
FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="210.00"/>																				

Transaction ID: C298426

Amount of Each Receipt this Period

35.00

B. Full Name (Last, First, Middle Initial) George Wm Shannon, MD		Date of Receipt <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>2</td><td>5</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	7
M	M		/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	7													
Mailing Address 106 Enterprise Ct Suite A Ste A																						
City	State	Zip Code																				
Columbus	GA	31904-3089																				
FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="210.00"/>																				

Date of Receipt

06 / 25 / 2007

Transaction ID: C314859

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial) James Michael Smith, MD		Date of Receipt <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>3</td><td></td> <td>2</td><td>7</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	7
M	M		/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	7													
Mailing Address PO Box 1589																						
City	State	Zip Code																				
Bastrop	LA	71221-1589																				
FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="250.00"/>																				

Date of Receipt

03 / 27 / 2007

Transaction ID: C278698

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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☐ 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)
Jay D Smith, MD
Mailing Address 7685 Winchester Rd

City State Zip Code
Memphis TN 38125-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Family Physicians Gro-
up, PC

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 4 / 2 0 0 7

Transaction ID: C298104

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Thomas A Smith, MD
Mailing Address 300 Med - Dent Ctr
186 Hospital Rd

City State Zip Code
Winchester TN 37398-2472

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
0 3 / 0 9 / 2 0 0 7

Transaction ID: C276257

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Don A Solberg, MD
Mailing Address 716 E Manitoba Ave

City State Zip Code
Ellensburg WA 98926-3842

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
0 2 / 2 3 / 2 0 0 7

Transaction ID: C273021

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard G Spindler, MD

Mailing Address 1515 Booth Dr

City State Zip Code
 Sebring FL 33872-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 7

Transaction ID: C278857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael D Springer

Mailing Address 14320 Norwood St

City State Zip Code
 Overland Park KS 66224-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family
Physicians

Occupation
Publishing Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: C272940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Christine Stabler, MD

Mailing Address 825 McGrann Blvd

City State Zip Code
 Lancaster PA 17601-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster General Hospital

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 6 / 0 8 / 2 0 0 7

Transaction ID: C299866

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John B Standridge, II

Mailing Address 6838 Buck Trail Dr

City State Zip Code
Harrison TN 37341-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
COM Chattanooga

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
0 4 / 2 0 / 2 0 0 7

Transaction ID: C295127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin Eugene Steichen, MD

Mailing Address 4720 S Harvard Ave Ste 100

City State Zip Code
Tulsa OK 74135-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omni Medical Group

Occupation
Family 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 6 / 0 5 / 2 0 0 7

Transaction ID: C299291

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Steiner, MD

Mailing Address Dept of Family Medicine
3181 SW Sam Jackson Park Rd

City State Zip Code
Portland OR 97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health & Science
University

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
0 5 / 1 8 / 2 0 0 7

Transaction ID: C298317

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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

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(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)

Keith L Stelter, MD

Mailing Address 622 Sunrise Dr

City State Zip Code
 Saint Peter MN 56082-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
ISJ/Mayo Health System

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 4 / 2 0 0 7

Transaction ID: C295459

Amount of Each Receipt this Period

365.00

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

Linda C Stone, MD

Mailing Address 397 Jessing Trl

City State Zip Code
 Columbus OH 43235-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Col-
lege of Medic

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 / 0 7 / 2 0 0 7

Transaction ID: C296524

Amount of Each Receipt this Period

365.00

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

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City State Zip Code
 Spokane WA 99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
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 1 / 2 4 / 2 0 0 7

Transaction ID: C263092

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(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) Glen R Stream, MD Mailing Address 14408 E Sprague Ave City State Zip Code Spokane WA 99216-2167 FEC ID number of contributing federal political committee. C Name of Employer Rockwood Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: C295167 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Ave City State Zip Code Spokane WA 99216-2167 FEC ID number of contributing federal political committee. C Name of Employer Rockwood Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 Transaction ID: C298431 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Ave City State Zip Code Spokane WA 99216-2167 FEC ID number of contributing federal political committee. C Name of Employer Rockwood Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 Transaction ID: C314878 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 H Streiffer, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address Tulane Univ Fam Comm Med 1430 Tulane Ave # TB3		Transaction ID: C295905	
City New Orleans	State LA	Zip Code 70112-2632	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tulane 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. Full Name (Last, First, Middle Initial) Michael S Strekall, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 405 Saddle Dr		Transaction ID: C281091	
City Helena	State MT	Zip Code 59601-5632	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Helena Health Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Jonathan R Sugarman, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address Ste 100 10700 Meridian Ave N		Transaction ID: C273023	
City Seattle	State WA	Zip Code 98133-9008	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Qualis Health	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna Lippert Sullivan, MD

Mailing Address Ft Collins Fam Med Ctr
1025 Pennock Pl

City State Zip Code
Fort Collins CO 80524-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft. Collins Family Medi-
cine Residency

Occupation
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 2 / 1 2 / 2 0 0 7

Transaction ID: C263210

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Erica Williams Swegler, MD

Mailing Address 816 Keller Pkwy Ste 102
Ste 102

City State Zip Code
Keller TX 76248-2405

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
0 2 / 1 2 / 2 0 0 7

Transaction ID: C263212

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Hugh M Taylor, MD

Mailing Address Family Medicine Associates
15 Railroad Ave

City State Zip Code
Hamilton MA 01982-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Associates
LLC

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
0 1 / 2 3 / 2 0 0 7

Transaction ID: C261155

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James O Theis, MD

Mailing Address 6019 Constance St

City State Zip Code
 New Orleans LA 70118-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulane University

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
 0 6 / 2 7 / 2 0 0 7

Transaction ID: C315353

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David C Thorson, MD

Mailing Address Minnhealth
 4786 Banning Ave

City State Zip Code
 White Bear Lake MN 55110-3264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnhealth PA

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 4 / 2 0 0 7

Transaction ID: C295457

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dennis Duane Tietze, MD

Mailing Address 600 SW Jewell Ave

City State Zip Code
 Topeka KS 66606-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

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
 0 5 / 2 3 / 2 0 0 7

Transaction ID: C298546

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(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) Boyce G Tollison, MD Mailing Address 105 Medinah Dr PO Box 2927 City Easley State SC Zip Code 29641-2927 FEC ID number of contributing federal political committee. C Name of Employer Palmetto Baptist Easley Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7 Transaction ID: C298287 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Patrick A Tranmer, MD Mailing Address UIC Dept of Family Medicine 1919 W Taylor St M/C 663 City Chicago State IL Zip Code 60612-7246 FEC ID number of contributing federal political committee. C Name of Employer UIC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 Transaction ID: C298319 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Belinda A Vail, MD Mailing Address Mail Stop 4010 3901 Rainbow Blvd City Kansas City State KS Zip Code 66160-0001 FEC ID number of contributing federal political committee. C Name of Employer University of Kansas Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7 Transaction ID: C315326 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Joseph Vega, MD

Mailing Address 209 W Columbia Ter

City State Zip Code
 Peoria IL 61606-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Medical Center

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
 0 6 / 2 7 / 2 0 0 7

Transaction ID: C315352

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gabrielle A Vencel Olson, MD

Mailing Address A C M C
 101 Willmar Ave SW

City State Zip Code
 Willmar MN 56201-3556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Affiliated Community Medi-
cal Centers

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 6 / 1 9 / 2 0 0 7

Transaction ID: C301333

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sharry Kay Veres, MD

Mailing Address 1720 E Beverly Rd

City State Zip Code
 Phoenix AZ 85042-6870

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joes - Phoenix

Occupation
Resident

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 / 0 9 / 2 0 0 7

Transaction ID: C297061

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

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

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(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)

A. Jan P Vleck, MD

Mailing Address W I R B

3535 7th Ave SW

City

Olympia

State

WA

Zip Code

98502-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Institutional Rev-
iew BoardOccupation
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	3		0	4		2	0	0	7

Transaction ID: C273737

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Bruce Alan Wallstedt, MD

Mailing Address 6323 Canterbury Close

City

Brentwood

State

TN

Zip Code

37027-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Corp of AmericaOccupation
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	3		2	0	0	7

Transaction ID: C295438

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Daniel A Walters, MD

Mailing Address 2304 E County Road 950 N

City

Seymour

State

IN

Zip Code

47274-9115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caring Family PhysiciansOccupation
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	2		2	8		2	0	0	7

Transaction ID: C273210

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(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) Thomas J Weida, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address University Phys Grp Fishburn 845 Fishburn Rd		Transaction ID: C275140	
City Hershey	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 17033-2015			
FEC ID number of contributing federal political committee. C			
Name of Employer Hershey Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	
B. Full Name (Last, First, Middle Initial) Thomas J Weida, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address University Phys Grp Fishburn 845 Fishburn Rd		Transaction ID: C300942	
City Hershey	State PA	Amount of Each Receipt this Period 400.00	
Zip Code 17033-2015			
FEC ID number of contributing federal political committee. C			
Name of Employer Hershey Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	
C. Full Name (Last, First, Middle Initial) Mary Jo Welker, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 2231 N High St OSU-Rardin Family Practice Ctr		Transaction ID: C261146	
City Columbus	State OH	Amount of Each Receipt this Period 5000.00	
Zip Code 43201-4153			
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State University		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

5900.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Edith R Welty, MD
Mailing Address 5990 E Jeremy Ln

City State Zip Code
Flagstaff AZ 86004-9528

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

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: C295472

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Dr

City State Zip Code
New Albany OH 43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 7

Transaction ID: C261159

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Dr

City State Zip Code
New Albany OH 43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 7

Transaction ID: C275128

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Dr

City State Zip Code
New Albany OH 43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: C279855

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Randell K Wexler, MD
Mailing Address 6040 Haybury Dr

City State Zip Code
New Albany OH 43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: C298064

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Richard Andre Wherry, MD
Mailing Address 59 Tipton Dr

City State Zip Code
Dahlonega GA 30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dahlonega Physicians Group

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
0 1 / 1 2 / 2 0 0 7

Transaction ID: C260817

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 107 / 162

(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)

Steven Michael Wilk, MD

Mailing Address 12669 Devon Ln
Ste A

City State Zip Code
Carmel IN 46032-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician

Occupation
Adventist Health Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: C296530

Amount of Each Receipt this Period

300.00

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

Wayne E Williams, MD

Mailing Address 110 S 9th St

City State Zip Code
Mayfield KY 42066-2208

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

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: C295755

Amount of Each Receipt this Period

500.00

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

Peter A S Winn, MD

Mailing Address Dept Of Family Med
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma,
College of Med

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 / 0 7 / 2 0 0 7

Transaction ID: C296526

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1165.00

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 108 / 162

(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) Kevin M Wong, MD Mailing Address Western PA Family Med Assoc 2057 Route 130 City Jeannette State PA Zip Code 15644-1168 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 7 Transaction ID: C298062 Amount of Each Receipt this Period 250.00
Name of Employer WPFMA, Ltd Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Julie Kristin Wood, MD Mailing Address 5305 NE Rainbow Cir City Lees Summit State MO Zip Code 64064-2450 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 7 Transaction ID: C272770 Amount of Each Receipt this Period 365.00
Name of Employer Baptist Lutheran Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Philip James Worrell, MD Mailing Address 2325 Vale Crest Rd City Golden Valley State MN Zip Code 55422-3419 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Transaction ID: C295456 Amount of Each Receipt this Period 365.00
Name of Employer Retired Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)**980.00****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 109 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 7

Transaction ID: C298904

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: C314902

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Paul E Wright, MD

Mailing Address 1513 Morning Star

City

Edmond

State

OK

Zip Code

73034-6549

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Anthony Hospital

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 / 1 3 / 2 0 0 7

Transaction ID: C298063

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

765.00

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 110 / 162

(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) Lillian Wu, MD Mailing Address 278 Lind Ave NW City Renton State WA Zip Code 98057-5136 FEC ID number of contributing federal political committee. C Name of Employer Community Health Centers of King Count Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7 Transaction ID: C297003 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD Mailing Address PO Box 1901 City Stuttgart State AR Zip Code 72160-1901 FEC ID number of contributing federal political committee. C Name of Employer Stuttgart 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			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 5 / 2 0 0 7 Transaction ID: C273028 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Herbert F Young, MD Mailing Address 10313 Cherokee Ln City Leawood State KS Zip Code 66206-2510 FEC ID number of contributing federal political committee. C Name of Employer AAFP Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7 Transaction ID: C297092 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

865.00

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

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(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 L Zachrich, MD
 Mailing Address 821 E Chapel St Ste 203

City State Zip Code
 Santa Maria CA 93454-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Central Coast Family Care

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 0 7

Transaction ID: C278340

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

146241.63

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

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

FOR LINE NUMBER: PAGE 112 / 162

(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)
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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 7

Transaction ID: C273970

Amount of Each Receipt this Period

434.75

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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: C273966

Amount of Each Receipt this Period

221.95

C. 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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 7

Transaction ID: C280010

Amount of Each Receipt this Period

329.08

SUBTOTAL of Receipts This Page (optional)

985.78

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

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(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)
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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: C273967

Amount of Each Receipt this Period

34.35

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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: C280095

Amount of Each Receipt this Period

9.73

C. 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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: C298112

Amount of Each Receipt this Period

377.26

SUBTOTAL of Receipts This Page (optional)

421.34

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

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(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)
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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298338

Amount of Each Receipt this Period

63.87

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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: C298379

Amount of Each Receipt this Period

625.02

C. 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 ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: C300778

Amount of Each Receipt this Period

91.76

SUBTOTAL of Receipts This Page (optional)

780.65

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
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2781.91

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: C315488

Amount of Each Receipt this Period

594.14

SUBTOTAL of Receipts This Page (optional)

594.14

TOTAL This Period (last page this line number only)

2781.91

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)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D35154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D35155

Date of Disbursement

/ /

Amount of Each Disbursement this Period

73.75

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D35156

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.50

SUBTOTAL of Disbursements This Page (optional)

250.75

TOTAL 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 117 / 162

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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D36726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.75

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D36727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.33

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.77

SUBTOTAL of Disbursements This Page (optional)

35.85

TOTAL 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)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.58

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37730

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.38

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.95

SUBTOTAL of Disbursements This Page (optional)

37.91

TOTAL 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 119 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.89

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.43

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.95

SUBTOTAL of Disbursements This Page (optional)

35.27

TOTAL 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)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.43

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.75

SUBTOTAL of Disbursements This Page (optional)

48.68

TOTAL 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 121 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.73

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.95

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40804

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.88

SUBTOTAL of Disbursements This Page (optional)

27.56

TOTAL 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 122 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.55

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.32

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6.20

SUBTOTAL of Disbursements This Page (optional)

19.07

TOTAL 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 123 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40808

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.62

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40809

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.63

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.32

SUBTOTAL of Disbursements This Page (optional)

56.57

TOTAL 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 124 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D40811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D40812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.42

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D41096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.10

SUBTOTAL of Disbursements This Page (optional)

33.02

TOTAL 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 125 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.65

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41098

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.10

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.55

SUBTOTAL of Disbursements This Page (optional)

9.30

TOTAL 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 126 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.42

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.63

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.50

SUBTOTAL of Disbursements This Page (optional)

52.55

TOTAL 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 127 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41103

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

3.10

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41104

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

18.60

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41105

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

4.65

SUBTOTAL of Disbursements This Page (optional)

26.35

TOTAL 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 128 / 162

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.20

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.90

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.32

SUBTOTAL of Disbursements This Page (optional)

62.42

TOTAL 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)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41110

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

6.09

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47740

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

6.20

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47741

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

3.10

SUBTOTAL of Disbursements This Page (optional)

15.39

TOTAL 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)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47742

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

0.78

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47743

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

3.10

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47747

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

5.68

SUBTOTAL of Disbursements This Page (optional)

9.56

TOTAL 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)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47748

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.65

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47749

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.19

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

498.04

SUBTOTAL of Disbursements This Page (optional)

511.88

TOTAL 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

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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)

A. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47745

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

493.73

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Fee - Check order

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47746

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

54.00

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Deposit Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41114

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

9.20

SUBTOTAL of Disbursements This Page (optional)

556.93

TOTAL 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:
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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)

A. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Deposit Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41115

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

0.28

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40813

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

323.93

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37842

Date of Disbursement

03 / 01 / 2007

Amount of Each Disbursement this Period

205.26

SUBTOTAL of Disbursements This Page (optional)

529.47

TOTAL 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)

A. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.25

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement

Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D36728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.96

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement

Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D35158

Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.62

SUBTOTAL of Disbursements This Page (optional)

312.83

TOTAL 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)

A. Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D35160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.08

Full Name (Last, First, Middle Initial)

B. Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D36729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.91

Full Name (Last, First, Middle Initial)

C. Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37843

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.87

SUBTOTAL of Disbursements This Page (optional)

74.86

TOTAL 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)

A. Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40814

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2007

Amount of Each Disbursement this Period

35.50

Full Name (Last, First, Middle Initial)

B. Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41095

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2007

Amount of Each Disbursement this Period

16.24

Full Name (Last, First, Middle Initial)

C. Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D47744

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2007

Amount of Each Disbursement this Period

33.23

SUBTOTAL of Disbursements This Page (optional)

84.97

TOTAL This Period (last page this line number only)

2791.19

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

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

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. AMERICA WORKS PAC

Mailing Address 426 C St NE

City
Washington

State
DC

Zip Code
20002-5818

Purpose of Disbursement
Campaign contribution

Candidate Name
Sherrod Brown

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: D40989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 301 4th St. NE Suite 202
 SUITE 202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37664

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DONNA CHRISTENSEN CAMPAIGN

Mailing Address 417 New Jersey Ave SE

City
Washington

State
DC

Zip Code
20003-4007

Purpose of Disbursement
Campaign contribution

Candidate Name
Del. Donna M. Christensen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VI District: 0

Transaction ID: D37657

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL 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)

A. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37663

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D40991

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL 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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37665

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION

Mailing Address PO Box 26366

City Alexandria State VA Zip Code 22313-6366

Purpose of Disbursement
Campaign contribution

Candidate Name
Phil English

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: D40992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003-0636

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Anna Eshoo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: D37661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. CUBIN FOR CONGRESS INC

Mailing Address POST OFFICE BOX 4657

City CASPER State WY Zip Code 82604

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Barbara Cubin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 0

Transaction ID: D41077

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Bart Gordon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 6

Transaction ID: D40881

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212-0612

Purpose of Disbursement
Voided Check #200144 - 4/4/2007

Candidate Name
Rep. Charles A. Gonzalez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: D41057

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL 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

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(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)

A. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212-0612

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 20

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212-0612

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 20

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D40729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RANGEL FOR CONGRESS

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027-5570

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles B. Rangel

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D37662

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL 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

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(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)

A. CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 7

Transaction ID: D37687

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOOLEY FOR CONGRESS

Mailing Address PO BOX 2050

City SALEM State OR Zip Code 97308

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Darlene Hooley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: D37669

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS 2008

Mailing Address 2501 Wisconsin Ave NW
Apt 304

City Washington State DC Zip Code 20007-4543

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Dave Camp

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: D40681

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL 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)

A. FRIENDS OF DAVE WELDON

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Dave Weldon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D40762

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MOORE FOR CONGRESS

Mailing Address PO BOX 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Dennis Moore

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 3

Transaction ID: D40990

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DIANA DEGETTE FOR CONGRESS INC.

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Diana L. DeGette

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 1

Transaction ID: D37658

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL 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

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(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)

A. EARL POMEROY FOR CONGRESS

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-0214

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Earl Pomeroy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 0

Transaction ID: D37667

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BOYD FOR CONGRESS

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. F. Allen Boyd Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 2

Transaction ID: D40767

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Fortney H. Stark

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D37660

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL 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 PageFOR 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)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCHState
NJZip Code
07740Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Frank Pallone Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 6

Transaction ID: D40764

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GIFFORDS FOR CONGRESS

Mailing Address PO Box 27565

City
TucsonState
AZZip Code
85726Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Gabrielle GiffordsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: D41079

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City
HOUSTONState
TXZip Code
77222Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Gene GreenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: D37659

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Jim Clyburn Campaign Committee

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. James Clyburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 6

Transaction ID: D47641

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WALSH FOR CONGRESS COMMITTEE

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. James T. Walsh

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: D37686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JESSE JACKSON JR. FOR CONGRESS

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Jesse Jackson Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 2

Transaction ID: D40784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL 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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Jim McDermott

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 7

Transaction ID: D41076

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Joe Barton

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 6

Transaction ID: D40676

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th Street N.W.

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John D. Dingell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D40987

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. FRIENDS OF JOHN PETERSON

Mailing Address 114 W. State Street
PO BOX 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John E. Peterson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 5

Transaction ID: D40678

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Mailing Address 2015 Wallace Rd.

City Atlanta State GA Zip Code 30331

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 5

Transaction ID: D40769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN TANNER

Mailing Address 236 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4980

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John S. Tanner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: D37668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)

A. JOHN SULLIVAN FOR CONGRESS INC

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Sullivan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 1

Transaction ID: D40677

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Joseph R. Pitts

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: D41078

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D40883

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL 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

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(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)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Michael C. Burgess

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: D40770

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROGERS FOR CONGRESS

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Michael J. Rogers

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 8

Transaction ID: D40984

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NATHAN DEAL FOR CONGRESS

Mailing Address PO BOX 902
PO BOX 902

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Nathan Deal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: D37709

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(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)

A. TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Patrick J. Tiberi

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D40761

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Phil Gingrey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D40988

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF RAHM EMANUEL

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Rahm Emanuel

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: D40768

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Roy Blunt

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: D40986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Steny H. Hoyer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: D37796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Steve Buyer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 4

Transaction ID: D40985

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. TOM ALLEN FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 17766

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Thomas H. Allen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: D40680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIM RYAN FOR CONGRESS

Mailing Address 80 F St NW Suite 804

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Tim Ryan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: D40675

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Timothy F. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: D40880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Tom Price

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: D37666

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. BECERRA FOR CONGRESS

Mailing Address P.O. Box 116

City Hyattsville State MD Zip Code 20781

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Xavier Becerra

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: D40679

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. REPUBLICAN MAIN STREET PARTNERSHIP PAC

Mailing Address 1220 L St NW
Ste 100-263

City Washington State DC Zip Code 20005-4018

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City
LITTLE ROCK

State
AR

Zip Code
72203

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Blanche L. Lincoln

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 0

Transaction ID: D40763

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Charles E. Grassley

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 0

Transaction ID: D40882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Max Baucus

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 0

Transaction ID: D41074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Max Baucus

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 0

Transaction ID: D41075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Max Baucus

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 0

Transaction ID: D40682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City
SIOUX FALLS

State
SD

Zip Code
57101

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Tim Johnson

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: D40819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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<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. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Tom Harkin

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 0

Transaction ID: D40816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 236 Massachusetts Ave NE
Ste 508

City
Washington

State
DC

Zip Code
20002-4980

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D37656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

174000.00

Image# 27990753813

Form/Schedule: **F3XA** Due to incorrect data entry, contribution to candidate not reported, and one unitemized receipt not reported.
Transaction ID:

Form/Schedule: **SA11AI** Credit Dennis Salisbury with contribution raised.
Transaction ID: **C315485**

Image# 27990753814

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

Transaction ID: **C273966**

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

Transaction ID: **C273967**

Image# 27990753815

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C273970**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C280010**

Form/Schedule:SA15

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

Close

Transaction ID: C298338

Form/Schedule:SA15

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

Transaction ID: C298379

Image# 27990753817

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: C300778

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees. Close
Transaction ID: C315488