

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 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

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.

**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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		202641.36
Y	Y	Y	Y							
2	0	0	7							
(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**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	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)	42170.64	42170.64
(ii) Unitemized		
(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)		
(i) Federal Share.....	0.00	0.00
(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

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: (check only one)	PAGE 6 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
05 / 21 / 2007

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
MM / DD / YYYY
05 / 22 / 2007

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
MM / DD / YYYY
05 / 18 / 2007

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

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 Occupation
General Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 4 / 2 0 0 7

Transaction ID: C261169

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 Occupation
General Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: C272930

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 Occupation
General Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 7

Transaction ID: C276960

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: (check only one)	PAGE 8 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
General Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 Occupation
General Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 Occupation
General Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: (check only one)	PAGE 9 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David W Avery, MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2007
Mailing Address 3702 River Road		Transaction ID: C276317
City Vienna	State WV	Zip Code 26105-1610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Macaran A Baird, MD		Date of Receipt MM / DD / YYYY 04 / 25 / 2007
Mailing Address Univ of MN Dept of FP/MMC 381 420 Delaware St SE		Transaction ID: C295473
City Minneapolis	State MN	Zip Code 55455-0341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of MN, FM&CH	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Charles Albert Ball, MD		Date of Receipt MM / DD / YYYY 03 / 26 / 2007
Mailing Address Maury Regional Hospital 1224 Trotwood Ave		Transaction ID: C278369
City Columbia	State TN	Zip Code 38401-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Maury Regional Hospital	Occupation Medical Director	
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)	▶	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	FOR LINE NUMBER: (check only one)	PAGE 10 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Esther Rebecca Beal-Landis, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 324 Mt Airy St		Transaction ID: C295746	
City State Zip Code Cantonment FL 32533-6567		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation U. S. Navy Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Mary W Beecher, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address Interlakes Medical Center 903 N Washington Ave		Transaction ID: C263214	
City State Zip Code Madison SD 57042-1697		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Interlakes Medical Center Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Timothy Michael Beittel, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 612 Cody Dr		Transaction ID: C281094	
City State Zip Code Thomasville NC 27360-9674		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ACT Medical Group 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: (check only one)	PAGE 11 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address AGMC Center Family Medicine 400 Wabash Ave		Transaction ID: C261170
City Akron State OH Zip Code 44307-2433	Amount of Each Receipt this Period 35.00	
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	

B. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address AGMC Center Family Medicine 400 Wabash Ave		Transaction ID: C272931
City Akron State OH Zip Code 44307-2433	Amount of Each Receipt this Period 35.00	
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	

C. Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address AGMC Center Family Medicine 400 Wabash Ave		Transaction ID: C276961
City Akron State OH Zip Code 44307-2433	Amount of Each Receipt this Period 35.00	
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	

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)
 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: Primary General Other (specify) ▼

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 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 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 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 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: (check only one)	PAGE 13 / 162
	<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. Stephen Douglas Benold, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 105 Tanksley Cir		Transaction ID: C298166	
City State Zip Code Georgetown TX 78628-5320	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Williamson County Texas	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Louise Berner-Holmberg, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 322 Forest St		Transaction ID: C298155	
City State Zip Code Winnetka IL 60093-3820	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		

Full Name (Last, First, Middle Initial) C. Nicholas P Bernier, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 523 N 3rd St		Transaction ID: C315294	
City State Zip Code Brainerd MN 56401-3054	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Joseph 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		

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

Full Name (Last, First, Middle Initial) A. Kenneth Robert Bertka, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 8533 Castle Oaks PI		Transaction ID: C296353	
City Holland	State OH	Zip Code 43528-9231	Amount of Each Receipt this Period 500.00
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		

Full Name (Last, First, Middle Initial) B. Vicki M Bertka, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 8533 Castle Oaks PI		Transaction ID: C315299	
City Holland	State OH	Zip Code 43528-9231	Amount of Each Receipt this Period 500.00
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		

Full Name (Last, First, Middle Initial) C. Karla L Birkholz, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 7	
Mailing Address 18700 N 64th Dr Ste 201 Ste 201		Transaction ID: C295398	
City Glendale	State AZ	Zip Code 85308-7112	Amount of Each Receipt this Period 365.00
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		

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

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

Full Name (Last, First, Middle Initial) A. Kevin Leroy Bjordahl, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 100 Villa Ln		Transaction ID: C276641	
City State Zip Code Milbank SD 57252-3206	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Reid B Blackwelder, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 4407 Leedy Rd		Transaction ID: C273264	
City State Zip Code Kingsport TN 37664-2117	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer East Tennessee State University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Amy M Bonifas, MD		Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2007	
Mailing Address 2632 Pillsbury Ave		Transaction ID: C295413	
City State Zip Code Minneapolis MN 55408-1541	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: (check only one)	PAGE 16 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Audrey R Boyd, MD

Mailing Address C M Human Resources Ctr
2200 Harden St

City Columbia State SC Zip Code 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
05 / 09 / 2007

Transaction ID: C297213

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John R Brill, MD

Mailing Address 6080 S Karrington Ln

City New Berlin State WI Zip Code 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
06 / 25 / 2007

Transaction ID: C314832

Amount of Each Receipt this Period
365.00

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

Mailing Address 830 Arbor Ln

City Glenview State IL Zip Code 60025-3234

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

Name of Employer Family Medicine Associates of Lutheran Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
01 / 24 / 2007

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: (check only one)	PAGE 17 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ellen Sandra Brull, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 830 Arbor Ln		Transaction ID: C272937	
City Glenview	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60025-3234			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Ellen Sandra Brull, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
Mailing Address 830 Arbor Ln		Transaction ID: C276974	
City Glenview	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60025-3234			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Ellen Sandra Brull, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 830 Arbor Ln		Transaction ID: C298903	
City Glenview	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60025-3234			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

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)
	<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. 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	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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: C315333 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">365.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	7												
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 ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">365.00</div>																				

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	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C295440 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	7												
Name of Employer Summit Medical Group Occupation Owner/Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div>																				

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	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C263113 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">365.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	0	7												
Name of Employer The Children's Hospital Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div>																				

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; text-align: right;">1730.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; text-align: right;"> </div>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey J Cain, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address The Childrens Hospital 1056 E 19th Ave # B085		Transaction ID: C298300	
City State Zip Code Denver CO 80218-1007	Amount of Each Receipt this Period 135.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Children's Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ann Marie Marie Campione, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address Specialty Health Clinic 350 W 6th St Ste D2		Transaction ID: C300902	
City State Zip Code Reno NV 89503-4543	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Specialty 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		

Full Name (Last, First, Middle Initial) C. Gene Cannata, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address Pratt Family Practice PO Box 308		Transaction ID: C298293	
City State Zip Code Pratt KS 67124-0308	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) ▶	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: (check only one)	PAGE 20 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
05 / 15 / 2007

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
MM / DD / YYYY
01 / 23 / 2007

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
MM / DD / YYYY
04 / 03 / 2007

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: (check only one)	PAGE 21 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Baretta R Casey, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 171 Cedar Hills Dr		Transaction ID: C260035	
City State Zip Code Pikeville KY 41501-8704		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Kentucky College of Medi		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Judith Chamberlain, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address 74 Baribeau Dr		Transaction ID: C275141	
City State Zip Code Brunswick ME 04011-3218		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bowdoin Medical Group		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4250.00	

Full Name (Last, First, Middle Initial) C. Judith Chamberlain, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 74 Baribeau Dr		Transaction ID: C296496	
City State Zip Code Brunswick ME 04011-3218		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bowdoin Medical Group		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4250.00	

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: (check only one)	PAGE 22 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
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 Y
03 / 06 / 2007

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 Y
05 / 18 / 2007

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 Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 23 / 2007

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)	
<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. Deborah S Clements, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 10529 Walmer St		Transaction ID: C315332	
City State Zip Code Overland Park KS 66212-1886	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Kansas 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		

Full Name (Last, First, Middle Initial) B. Merrill Ray Conant, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 120 W Ross Blvd		Transaction ID: C315309	
City State Zip Code Dodge City KS 67801-2131	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		

Full Name (Last, First, Middle Initial) C. Vanessa Kay Cook, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 1509 Rural St		Transaction ID: C296485	
City State Zip Code Emporia KS 66801-5545	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) ▶	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 24 / 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 Occupation
University of Oklahoma Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 7

Transaction ID: C261173

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 Occupation
University of Oklahoma Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: C272938

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 Occupation
University of Oklahoma Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt
M M / D D / Y 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)
or each category of the
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
05 / 07 / 2007

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
MM / DD / YYYY
04 / 14 / 2007

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 Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2007

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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 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

Full Name (Last, First, Middle Initial) A. Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 804 Huntington Ct		Transaction ID: C272941	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015			
FEC ID number of contributing federal political committee. C			
Name of Employer Prime Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
Mailing Address 804 Huntington Ct		Transaction ID: C277000	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015			
FEC ID number of contributing federal political committee. C			
Name of Employer Prime Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 804 Huntington Ct		Transaction ID: C295139	
City Albany	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 12203-6015			
FEC ID number of contributing federal political committee. C			
Name of Employer Prime Care Physicians	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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: (check only one)	PAGE 28 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 804 Huntington Ct		Transaction ID: C298418
City Albany	State NY	Zip Code 12203-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Prime Care Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 804 Huntington Ct		Transaction ID: C301328
City Albany	State NY	Zip Code 12203-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Prime Care Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Paul W Davis, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 9801 Homestead Trl		Transaction ID: C297085
City Anchorage	State AK	Zip Code 99507-6765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer US PHS	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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. R Wesley Dean, Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address Emory Family Practice 201 E Emory Rd		Transaction ID: C295902	
City Powell State TN Zip Code 37849-4016	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		

Full Name (Last, First, Middle Initial) B. Thomas M Dean, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address Jerauld County Clinic 602 1st St NE		Transaction ID: C276495	
City Wessington Springs State SD Zip Code 57382-2134	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Health Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. James Joseph Dearing, DO		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 7	
Mailing Address 750 E Thunderbird Rd Ste 1 Ste 1		Transaction ID: C278383	
City Phoenix State AZ Zip Code 85022-5306	Amount of Each Receipt this Period 500.00		
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 ▼ 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 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)
George P Dempsey, MD

Mailing Address 200 Pantigo Pl Ste 1

City State Zip Code
East Hampton NY 11937-5920

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt
M M / D D / Y Y Y Y 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 Occupation
University of Missouri Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 Occupation
Youens & Duchicela Clinic MD

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 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**

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

FOR LINE NUMBER: PAGE 31 / 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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

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

Transaction ID: C278871

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
David C Eitrhein, 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: C300775

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Cathy Sumiko Endo, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 7	
Mailing Address Student Health Center MS 196		Transaction ID: C262348	
City Reno	State NV	Amount of Each Receipt this Period 365.00	
Zip Code 89557-0001			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Nevada, Reno	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Ted Dee Epperly, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 777 N Raymond St		Transaction ID: C276258	
City Boise	State ID	Amount of Each Receipt this Period 500.00	
Zip Code 83704-9251			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine Residency of Ohio	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Roxanne Fahrenwald, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address Ste B 123 S 27th St		Transaction ID: C315389	
City Billings	State MT	Amount of Each Receipt this Period 1000.00	
Zip Code 59101-4200			
FEC ID number of contributing federal political committee. C			
Name of Employer Montana Family Medicine Residency/YCCH	Occupation Resident Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 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)
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 Occupation
Park Nicollet Clinic Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 7

Transaction ID: C262371

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
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 Occupation
Wheaton Franciscan Medical Group Family Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 7

Transaction ID: C262364

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
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 Occupation
Family Care, PC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 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)
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
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: C272942

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
03 / 20 / 2007

Transaction ID: C277017

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
04 / 20 / 2007

Transaction ID: C295140

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 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

A. Full Name (Last, First, Middle Initial)
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 Occupation
Family Care, PC Physician

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

B. Full Name (Last, First, Middle Initial)
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 Occupation
Family Care, PC Physician

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

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

Mailing Address Family Medicine Center PLLC
PO Box 987

City State Zip Code
Flatwoods KY 41139-0987

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

Name of Employer Occupation
Family Medicine Center PL- LC Physician

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

FOR LINE NUMBER: PAGE 36 / 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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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) ►

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 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)
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
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: C315330

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
01 / 03 / 2007

Transaction ID: C259898

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
02 / 15 / 2007

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
01 / 23 / 2007

Transaction ID: C273017

Amount of Each Receipt this Period
500.00

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

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: C263101

Amount of Each Receipt this Period
250.00

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

Occupation
Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2007

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**

Use separate schedule(s)
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

A. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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

B. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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

C. Full Name (Last, First, Middle Initial)
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 Management Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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	FOR LINE NUMBER: (check only one)	PAGE 40 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carolyn N Gaughan, CAE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address E Dir KS AFP Bldg 1046 - C 7570 W 21st St N 1046C		Transaction ID: C263186
City State Zip Code Wichita KS 67205-1734	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Academy of Family Physicians	Occupation Chapter Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Carolyn N Gaughan, CAE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address E Dir KS AFP Bldg 1046 - C 7570 W 21st St N 1046C		Transaction ID: C315306
City State Zip Code Wichita KS 67205-1734	Amount of Each Receipt this Period 265.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Academy of Family Physicians	Occupation Chapter Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. James M Gill, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7
Mailing Address 17 Henderson Hill Rd		Transaction ID: C298334
City State Zip Code Newark DE 19711-5958	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Delaware Valley Outcomes Research, LLC	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) ▶	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: (check only one)	PAGE 41 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. 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		Transaction ID: C272581	
City State Zip Code Waco TX 76707-2261	Amount of Each Receipt this Period 92.73		
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		

Full Name (Last, First, Middle Initial) B. 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		Transaction ID: C277023	
City State Zip Code Waco TX 76707-2261	Amount of Each Receipt this Period 92.73		
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		

Full Name (Last, First, Middle Initial) C. 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		Transaction ID: C295141	
City State Zip Code Waco TX 76707-2261	Amount of Each Receipt this Period 92.73		
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		

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	FOR LINE NUMBER: (check only one)	PAGE 42 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2007

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	FOR LINE NUMBER: (check only one)	PAGE 43 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
Silverton Hospital physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2007

Transaction ID: C279755

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert Graham, MD

Mailing Address 1135 Fort View Pl

City State Zip Code
Cincinnati OH 45202-1713

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

Name of Employer Occupation
University of Cincinnati Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2007

Transaction ID: C298171

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
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 Occupation
YKHC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2007

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**

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

FOR LINE NUMBER: PAGE 44 / 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)
Thomas David Greer, MD

Mailing Address PO Box 360

City State Zip Code
Henrietta TX 76365-0360

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

Name of Employer
T. David Greer and Associates

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

B. Full Name (Last, First, Middle Initial)
Thomas David Greer, MD

Mailing Address PO Box 360

City State Zip Code
Henrietta TX 76365-0360

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

Name of Employer
T. David Greer and Associates

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

C. Full Name (Last, First, Middle Initial)
Anne Griffiths, MD

Mailing Address N903 County Rd N

City State Zip Code
Whitewater WI 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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas J Gruenbacher, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 501 Garfield PO Box 510		Transaction ID: C315329	
City Quinter	State KS	Zip Code 67752-0510	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bluestem Medical	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Jeffrey D Harrison, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address Univ of NE Medical Center 983075 Nebraska Medical Ctr		Transaction ID: C263209	
City Omaha	State NE	Zip Code 68198-3075	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Nebraska	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Michael H Hartsell, MD		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 314 Tusculum Blvd		Transaction ID: C260081	
City Greeneville	State TN	Zip Code 37745-3926	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation family 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) ▶	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: (check only one)	PAGE 46 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rick Lee Hartwell, MD		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 1821 W Harborlight St		Transaction ID: C315310
City Wichita	State KS	Zip Code 67204-2574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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	

Full Name (Last, First, Middle Initial) B. Deborah Gene Haynes, MD		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 3009 N Cypress Dr		Transaction ID: C315317
City Wichita	State KS	Zip Code 67226-4003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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	

Full Name (Last, First, Middle Initial) C. Lori J Heim, MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address 250 Hollybrook Farm Ln		Transaction ID: C273140
City Vass	State NC	Zip Code 28394-8952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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	

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)	
<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)
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sioux Valley Health Systems Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 20 / 2007

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 21 / 2007

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)

<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) Daniel J Heinemann, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 1305 W 18th St PO Box 5039		Transaction ID: C301351	
City State Zip Code Sioux Falls SD 57117-5039	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sioux Valley Health Systems	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Douglas E Henley, MD		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2007	
Mailing Address 11400 Tomahawk Creek Pkwy		Transaction ID: C260111	
City State Zip Code Leawood KS 66211-2672	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Academy of Family Physicians	Occupation Family Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

C. Full Name (Last, First, Middle Initial) Joseph Shelby Hensley, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007	
Mailing Address 855 Summertown Hwy		Transaction ID: C295891	
City State Zip Code Hohenwald TN 38462-5707	Amount of Each Receipt this Period 500.00		
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 ▼ 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: (check only one)	PAGE 49 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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
04 / 27 / 2007

Transaction ID: C295761

Amount of Each Receipt this Period
500.00

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

Mailing Address 3258 N Monroe St

City State Zip Code
Tallahassee FL 32303-2822

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

Name of Employer Patients First North, P.A.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: C276537

Amount of Each Receipt this Period
500.00

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

Mailing Address 3258 N Monroe St

City State Zip Code
Tallahassee FL 32303-2822

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

Name of Employer Patients First North, P.A.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2007

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: (check only one)	PAGE 50 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas Lynn Hicks, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 3258 N Monroe St		Transaction ID: C301353
City Tallahassee	State FL	Zip Code 32303-2822
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Patients First North, P.A.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Marcus T Higi, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1423 E Main St # 119		Transaction ID: C295758
City Cortez	State CO	Zip Code 81321-2931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Michael J Hodulik, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 380 9th St		Transaction ID: C279747
City Florence	State OR	Zip Code 97439-0106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer PeaceHealth-Siuslaw	Occupation Physican	
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)	▶	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: (check only one)	PAGE 51 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Full Name (Last, First, Middle Initial) C. 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: (check only one)	PAGE 52 / 162
	<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. James David Holt, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address 10 Flamingo Ct		Transaction ID: C296533	
City State Zip Code Johnson City TN 37601-1013		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ETSU Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Mary Marcella Huff, MD		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2007	
Mailing Address 402 May St		Transaction ID: C261176	
City State Zip Code Sweetwater TN 37874-2712		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mary Marcella Huff, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2007	
Mailing Address 402 May St		Transaction ID: C272943	
City State Zip Code Sweetwater TN 37874-2712		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

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: (check only one)	PAGE 53 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mary Marcella Huff, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 402 May St		Transaction ID: C277069	
City State Zip Code Sweetwater TN 37874-2712	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Mary Marcella Huff, MD		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2007	
Mailing Address 402 May St		Transaction ID: C295144	
City State Zip Code Sweetwater TN 37874-2712	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Mary Marcella Huff, MD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2007	
Mailing Address 402 May St		Transaction ID: C298419	
City State Zip Code Sweetwater TN 37874-2712	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 240.00		

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: (check only one)	PAGE 54 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD Mailing Address 402 May St City Sweetwater State TN Zip Code 37874-2712 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7 Transaction ID: C301386 Amount of Each Receipt this Period 40.00
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 ▼ 240.00		

B. Full Name (Last, First, Middle Initial) Mohammed Imteyaz Hussain, MD Mailing Address 4201 99th Ave N City Brooklyn Park State MN Zip Code 55443-1830 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: C295548 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		

C. Full Name (Last, First, Middle Initial) Jennifer Hyer Mailing Address 25200 NW Saint Helens Rd Slip 31 City Portland State OR Zip Code 97231-1751 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7 Transaction ID: C275144 Amount of Each Receipt this Period 365.00
Name of Employer OHSU Occupation Medical Student 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)	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: (check only one)	PAGE 55 / 162
	<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. Richard Douglas Liff, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 2201 NE 31st St		Transaction ID: C315331	
City State Zip Code Topeka KS 66617-3549	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RD Liff 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		

Full Name (Last, First, Middle Initial) B. Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address 1020 Gulf Breeze Pkwy		Transaction ID: C261177	
City State Zip Code Gulf Breeze FL 32561-4838	Amount of Each Receipt this Period 100.00		
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		

Full Name (Last, First, Middle Initial) C. Elvin C Irvin, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 1020 Gulf Breeze Pkwy		Transaction ID: C272944	
City State Zip Code Gulf Breeze FL 32561-4838	Amount of Each Receipt this Period 100.00		
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		

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: (check only one)	PAGE 56 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
Gulf Coast Physician Partners Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

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 Occupation
Self Employed Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

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 Occupation
University of Iowa Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 11 / 2007

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: (check only one)	PAGE 57 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Sandra Lee Johnson, MD

Mailing Address 610 30th Ave W

City State Zip Code
Alexandria MN 56308-3426

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

Name of Employer Occupation
Alexandria Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2007

Transaction ID: C295556

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Michelle F Jones, MD

Mailing Address 111 Coastal Bluffs Ct

City State Zip Code
Hampstead NC 28443-8463

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

Name of Employer Occupation
Wilmington Health Assocs. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2007

Transaction ID: C296499

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Samuel M Jones, MD

Mailing Address 10145 Community Ln

City State Zip Code
Fairfax Station VA 22039-2530

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

Name of Employer Occupation
VCU-Fairfax Family Practice Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2007

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

Full Name (Last, First, Middle Initial) A. Larry H Kagan, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 5249 Rolleston Dr		Transaction ID: C298882	
City State Zip Code Virginia Beach VA 23464-2542	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Indian River Family Practice	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Norman B Kahn, Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 11400 Tomahawk Creek Pkwy		Transaction ID: C263215	
City State Zip Code Leawood KS 66211-2672	Amount of Each Receipt this Period 365.00		
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		

Full Name (Last, First, Middle Initial) C. Carla Lee Kakutani, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 438 Abbey St		Transaction ID: C295884	
City State Zip Code Winters CA 95694-1837	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sutter West Medical Group	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 59 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Vincent D Keenan, CAE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2007	
Mailing Address 4756 Main St		Transaction ID: C294353	
City State Zip Code Lisle IL 60532-1724	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Academy of Family Physicians	Occupation Association Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Vincent D Keenan, CAE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2007	
Mailing Address 4756 Main St		Transaction ID: C296352	
City State Zip Code Lisle IL 60532-1724	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Academy of Family Physicians	Occupation Association Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Vincent D Keenan, CAE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2007	
Mailing Address 4756 Main St		Transaction ID: C298420	
City State Zip Code Lisle IL 60532-1724	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Academy of Family Physicians	Occupation Association Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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: (check only one)	PAGE 60 / 162
	<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. Vincent D Keenan, CAE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 4756 Main St		Transaction ID: C301388	
City State Zip Code Lisle IL 60532-1724	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Academy of Family Physicians	Occupation Association Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Rick Kellerman, MD		Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2007	
Mailing Address Dept of Family Medicine 1010 N Kansas St		Transaction ID: C262241	
City State Zip Code Wichita KS 67214-3124	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kansas University School of Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. James Darrel King, MD		Date of Receipt M M / D D / Y Y Y Y Y 01 / 04 / 2007	
Mailing Address 1 Prime Care Dr		Transaction ID: C259935	
City State Zip Code Selmer TN 38375-1864	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 61 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Larry W Kipe, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address 600 Russell St		Transaction ID: C280093	
City State Zip Code Craig CO 81625-2018	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		

Full Name (Last, First, Middle Initial) B. Diane D Klingman, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 3009 N Cypress Dr		Transaction ID: C280193	
City State Zip Code Wichita KS 67226-4003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Preferred Medical Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Donald R Klitgaard, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address 1220 Chatburn Ave		Transaction ID: C296972	
City State Zip Code Harlan IA 51537-2009	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Shelby County Health Systems	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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: (check only one)	PAGE 62 / 162
	<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. Donald R Klitgaard, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1220 Chatburn Ave		Transaction ID: C301392	
City Harlan State IA Zip Code 51537-2009	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Shelby County Health Systems	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Janice C Klos, CAE		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2007	
Mailing Address Chief Exec Officer MI AFP 2164 Commons Pkwy		Transaction ID: C296979	
City Okemos State MI Zip Code 48864-3986	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MIAFP	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Laura C Knobel, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2007	
Mailing Address 3 Freedom Way		Transaction ID: C296983	
City Walpole State MA Zip Code 02081-2290	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) ▶	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: (check only one)	PAGE 63 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
US Army Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2007

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 Occupation
UNMC Physicians 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
06 / 19 / 2007

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 Occupation
Self Regional Healthcare Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2007

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)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
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 Occupation
Salud Family Health Center Physician

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2007

Transaction ID: C276319

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
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 Occupation
Health East Clinic Physician

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2007

Transaction ID: C295463

Amount of Each Receipt this Period
365.00

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

Mailing Address 1 Prime Care Dr

City State Zip Code
Selmer TN 38375-1864

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

Name of Employer Occupation
Prime Care Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2007

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: (check only one)	PAGE 65 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2007

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2007

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)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
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 Occupation
Self Employed Physician

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

Date of Receipt
MM / DD / YYYY
05 / 07 / 2007

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 Occupation
Sparrow Health System Physician

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

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

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 Occupation
Cook County Physician

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

Date of Receipt
MM / DD / YYYY
04 / 17 / 2007

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: (check only one)	PAGE 67 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
Martin Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2007

Transaction ID: C299905

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
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 Occupation
Self-Employed Family Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2007

Transaction ID: C295745

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
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 Occupation
L.S. U. HSC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2007

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: (check only one)	PAGE 68 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Richard F Madden, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 609 Christopher Dr		Transaction ID: C296495	
City State Zip Code Belen NM 87002-2601	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Healthcare Services	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Beth S Marcus, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 938 E Palm Ave		Transaction ID: C298442	
City State Zip Code Burbank CA 91501-1411	Amount of Each Receipt this Period 150.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Beth S Marcus, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 938 E Palm Ave		Transaction ID: C298943	
City State Zip Code Burbank CA 91501-1411	Amount of Each Receipt this Period 150.00		
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 162
	<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. Melchisedek L Margaris, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address PO Box 284		Transaction ID: C315485	
City State Zip Code Great Falls MT 59403-0284	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Jason E Marker, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2007	
Mailing Address 63606 Dogwood Rd PO Box 90		Transaction ID: C297001	
City State Zip Code Mishawaka IN 46544-9757	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Renee L Markovich, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address West Side Family Practice 400 Wabash Ave		Transaction ID: C296525	
City State Zip Code Akron OH 44307-2433	Amount of Each Receipt this Period 365.00		
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 ▼ 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: (check only one)	PAGE 70 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Robert C Marshall, MD

Mailing Address 2001 28th Street Ct NW

City State Zip Code
Gig Harbor WA 98335-7987

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

Name of Employer Occupation
US Navy Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2007

Transaction ID: C294354

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Robert C Marshall, MD

Mailing Address 2001 28th Street Ct NW

City State Zip Code
Gig Harbor WA 98335-7987

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

Name of Employer Occupation
US Navy Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2007

Transaction ID: C297089

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Jennifer A Mayfield, MD

Mailing Address 6307 N Park View Ln

City State Zip Code
Spokane WA 99205-7703

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

Name of Employer Occupation
Self Physician

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2007

Transaction ID: C260528

Amount of Each Receipt this Period
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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Michael Allen McAdoo, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address Family Practice 6041 Telecom Dr		Transaction ID: C295892	
City Milan	State TN	Zip Code 38358-3448	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed (Milan Medical Center)	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Debra O McCaul, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 1100 W 10th St Ste 140		Transaction ID: C280122	
City Rolla	State MO	Zip Code 65401-2999	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. John's Sisters of Mercy	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Samantha Easterly McLerran, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 500 W Main St		Transaction ID: C277291	
City Livingston	State TN	Zip Code 38570-1718	Amount of Each Receipt this Period 356.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Medical Doctor		
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) ▶	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

A. Full Name (Last, First, Middle Initial)
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 Y
06 / 26 / 2007

Transaction ID: C315296

Amount of Each Receipt this Period
9.00

B. Full Name (Last, First, Middle Initial)
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 Y
04 / 23 / 2007

Transaction ID: C295437

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Kathleen J Miller, MD

Mailing Address S I U 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 Y
05 / 18 / 2007

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: (check only one)	PAGE 73 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Terry Lee Mills, Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address Wichita Clinic 720 Medical Center Dr		Transaction ID: C272582	
City Newton	State KS	Amount of Each Receipt this Period 250.00	
Zip Code 67114-8778			
FEC ID number of contributing federal political committee. C			
Name of Employer Wichita Clinic, P.A.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Elisabeth Fowlie Mock, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address 46 Clark Hill Rd 915 Union St Ste 4		Transaction ID: C262356	
City Holden	State ME	Amount of Each Receipt this Period 100.00	
Zip Code 04429-7253			
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Maine 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		

Full Name (Last, First, Middle Initial) C. Elisabeth Fowlie Mock, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 46 Clark Hill Rd 915 Union St Ste 4		Transaction ID: C296539	
City Holden	State ME	Amount of Each Receipt this Period 265.00	
Zip Code 04429-7253			
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Maine 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		

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	FOR LINE NUMBER: PAGE 74 / 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

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	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
Name of Employer Inland Empire Hospital Services Associ Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

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	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
Name of Employer Inland Empire Hospital Services Associ Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

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	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
Name of Employer Inland Empire Hospital Services Associ Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	650.00

**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)
 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)
Charles A Montgomery, MD

Mailing Address PO Box 1025

City State Zip Code
Greenville TN 37744-1025

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 MHHS Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 MHHS Occupation Physician

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

FOR LINE NUMBER: PAGE 76 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
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
MM / DD / YYYY
04 / 20 / 2007

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
MM / DD / YYYY
05 / 22 / 2007

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
MM / DD / YYYY
06 / 25 / 2007

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

Mailing Address PO Box 658
712 2nd Street

City State Zip Code
Tribune KS 67879-0658

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

Name of Employer Occupation
Greeley County Health Ser- Physician
vices

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

Date of Receipt

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

Transaction ID: C261151

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Scott Edward Moser, MD

Mailing Address Univ Of Ks - School Of Med
1010 N Kansas St

City State Zip Code
Wichita KS 67214-3124

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

Name of Employer Occupation
KUSM-Wichita Physician

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

Date of Receipt

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

Transaction ID: C315308

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
John Franklin Mueller, MD

Mailing Address 69 Snipatuit Rd

City State Zip Code
Rochester MA 02770-1504

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

Name of Employer Occupation
Self-Employed Physician

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

Date of Receipt

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

Transaction ID: C298775

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: (check only one)	PAGE 78 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Lawrence Munger, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address 12330 Metcalf Ave Ste 400		Transaction ID: C299741	
City State Zip Code Overland Park KS 66213-1307	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St Lukes Medical Group	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Konrad C Nau, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 171 Taylor St		Transaction ID: C295430	
City State Zip Code Harpers Ferry WV 25425	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer West Virginia University	Occupation Physician Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Mark R Needham, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 644 Kingman Ave		Transaction ID: C295870	
City State Zip Code Santa Monica CA 90402-1334	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Santa Monica Bay Physicians	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	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

Mailing Address NMMC Family Medicine RP
1665 S Green St

City State Zip Code
Tupelo MS 38804-6556

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

Name of Employer North Mississippi 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 5 / 2 4 / 2 0 0 7

Transaction ID: C298560

Amount of Each Receipt this Period
365.00

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

Mailing Address 11001 N Black Canyon Hwy

City State Zip Code
Phoenix AZ 85029-4757

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

Name of Employer CIGNA Healthcare
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C279995

Amount of Each Receipt this Period
1000.00

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

Mailing Address 14547 S Hagan St

City State Zip Code
Olathe KS 66062-9001

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

Name of Employer American Academy of Family Physicians
Occupation 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: C276252

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: (check only one)	PAGE 80 / 162
	<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, Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address Associate Director 3500 NW 56th St Ste 100		Transaction ID: C263185	
City Oklahoma City	State OK	Zip Code 73112-4517	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Great Plains Family Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Robert Milton Pallay, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address 211 Courtyard Dr		Transaction ID: C262359	
City Hillsborough	State NJ	Zip Code 08844-4247	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dimensional Healthcare	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Joseph Michael Parra, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 1631 S Michelle St		Transaction ID: C296498	
City Wichita	State KS	Zip Code 67207-6546	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wesley Family medicine	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) ▶	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: (check only one)	PAGE 81 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Kenneth Dewayne Parrott, MD

Mailing Address PO Box 389

City Okeene State OK Zip Code 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

B. Full Name (Last, First, Middle Initial)
Marguerite B Picou, MD

Mailing Address 740 Keyser Ave # A

City Natchitoches State LA Zip Code 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

C. Full Name (Last, First, Middle Initial)
Francis L Pisney, M.D.

Mailing Address Ellsworth Family Medicine 322 1/2 College Ave

City Iowa Falls State IA Zip Code 50126-2106

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

Name of Employer Ellsworth Municipal Hospital, Iowa Falls 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Gary Michael Plant, MD

Mailing Address 76 NE 12th St

City Madras State OR Zip Code 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
04 / 03 / 2007

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 Waynesboro State TN Zip Code 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
03 / 06 / 2007

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 Waynesboro State TN Zip Code 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
03 / 06 / 2007

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

FOR LINE NUMBER: PAGE 83 / 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)
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
05 / 02 / 2007

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 Family 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
02 / 28 / 2007

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
05 / 18 / 2007

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

FOR LINE NUMBER: PAGE 84 / 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

Full Name (Last, First, Middle Initial) A. Richard L Rajewski, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address Hays Family Medicine 2509 Canterbury Dr		Transaction ID: C315313	
City Hays State KS Zip Code 67601-2294	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hays Family Practice Occupation Physician	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Avinash Dubbaka Reddy, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address Univ TN FMRP 294 Summar Dr		Transaction ID: C296992	
City Jackson State TN Zip Code 38301-3915	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Tennessee Occupation Physician	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Randy J Rice, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Gateway Fam Hlth Cln 4570 County Highway 61		Transaction ID: C295435	
City Moose Lake State MN Zip Code 55767	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gateway Family Health Clinic Occupation Physician	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Randy J Rice, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Gateway Fam Hlth Cln 4570 County Highway 61		Transaction ID: C295443
City State Zip Code Moose Lake MN 55767	Amount of Each Receipt this Period 265.00	
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	

Full Name (Last, First, Middle Initial) B. Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address Fox Valley Fam Med Residency 229 S Morrison St		Transaction ID: C261182
City State Zip Code Appleton WI 54911-5725	Amount of Each Receipt this Period 84.00	
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	

Full Name (Last, First, Middle Initial) C. Elisabeth L Righter, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address Fox Valley Fam Med Residency 229 S Morrison St		Transaction ID: C273003
City State Zip Code Appleton WI 54911-5725	Amount of Each Receipt this Period 84.00	
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	

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 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)
Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 568.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: C276255

Amount of Each Receipt this Period
100.00

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

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 568.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 20 / 2007

Transaction ID: C295160

Amount of Each Receipt this Period
100.00

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

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 568.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 22 / 2007

Transaction ID: C298425

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 87 / 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)
Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

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

Name of Employer Occupation
Kettering Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 568.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2007

Transaction ID: C301365

Amount of Each Receipt this Period
100.00

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

Mailing Address Dept Of Fam Medicine
777 S Mills St

City State Zip Code
Madison WI 53715-1849

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

Name of Employer Occupation
University of Wisconsin Physician

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: C281088

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Perry C Rothrock, III

Mailing Address 1047 Murray Hill Ln

City State Zip Code
Memphis TN 38120-2645

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

Name of Employer Occupation
Perry C. Rothrock III, MD, PLLC Physician

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: C278794

Amount of Each Receipt this Period
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

FOR LINE NUMBER: PAGE 88 / 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

Full Name (Last, First, Middle Initial) A. Dennis F Salisbury, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address Regional Medical Arts Pavilion 435 S Crystal St		Transaction ID: C296505	
City Butte State MT Zip Code 59701-1506	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00	
Name of Employer Rocky Mountain Clinic Occupation Physician	Aggregate Year-to-Date ▼ 415.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dennis F Salisbury, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address Regional Medical Arts Pavilion 435 S Crystal St		Transaction ID: C298401	
City Butte State MT Zip Code 59701-1506	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00	
Name of Employer Rocky Mountain Clinic Occupation Physician	Aggregate Year-to-Date ▼ 415.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dennis F Salisbury, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address Regional Medical Arts Pavilion 435 S Crystal St		Transaction ID: C298402	
City Butte State MT Zip Code 59701-1506	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00	
Name of Employer Rocky Mountain Clinic Occupation Physician	Aggregate Year-to-Date ▼ 415.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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	FOR LINE NUMBER: (check only one)	PAGE 89 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sarah L Sams, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address Dove Family Care 5123 Norwich St Ste 110		Transaction ID: C281151	
City Hilliard State OH Zip Code 43026-1443	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dove Family Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. George E Schoephoerster, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address CentraCare Hlth Plz 1900 Centracare Cir		Transaction ID: C295464	
City Saint Cloud State MN Zip Code 56303-5000	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CentraCare Clinic	Occupation Family Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Paul J Schommer, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address Ste 202 311 W Noble Ave		Transaction ID: C276253	
City Visalia State CA Zip Code 93277-2669	Amount of Each Receipt this Period 1000.00		
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Jon C Seager, MD

Mailing Address 602 Church St SW

City North Canton State OH Zip Code 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
05 / 02 / 2007

Transaction ID: C296284

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Darcy K Selenke, MD

Mailing Address 101 W Sycamore St

City Columbus State KS Zip Code 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
06 / 26 / 2007

Transaction ID: C315307

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
George Wm Shannon, MD

Mailing Address 106 Enterprise Ct Suite A Ste A

City Columbus State GA Zip Code 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
01 / 24 / 2007

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

FOR LINE NUMBER: PAGE 91 / 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)
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
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

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

Transaction ID: C273004

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
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
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 7

Transaction ID: C277149

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
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
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

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

Transaction ID: C295162

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 92 / 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)
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
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: C298426

Amount of Each Receipt this Period

35.00

B. Full Name (Last, First, Middle Initial)
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
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: C314859

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)
James Michael Smith, MD

Mailing Address PO Box 1589

City State Zip Code
Bastrop LA 71221-1589

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

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) ►

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 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

Full Name (Last, First, Middle Initial) A. Jay D Smith, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 7685 Winchester Rd		Transaction ID: C298104	
City State Zip Code Memphis TN 38125-2202	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Family Physicians Gro- up, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Thomas A Smith, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 300 Med - Dent Ctr 186 Hospital Rd		Transaction ID: C276257	
City State Zip Code Winchester TN 37398-2472	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		

Full Name (Last, First, Middle Initial) C. Don A Solberg, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 716 E Manitoba Ave		Transaction ID: C273021	
City State Zip Code Ellensburg WA 98926-3842	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) ▶	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: (check only one)	PAGE 94 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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
04 / 03 / 2007

Transaction ID: C278857

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
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
02 / 21 / 2007

Transaction ID: C272940

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
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
06 / 08 / 2007

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**

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

FOR LINE NUMBER: PAGE 95 / 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)
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 Occupation
University of Tennessee Physician
COM Chattanooga

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

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

Transaction ID: C295127

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
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 Occupation
Omni Medical Group Family Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: C299291

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
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 Occupation
Oregon Health & Science University Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 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	FOR LINE NUMBER:	PAGE 96 / 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Keith L Stelter, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 622 Sunrise Dr		Transaction ID: C295459	
City State Zip Code Saint Peter MN 56082-1201	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ISJ/Mayo Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Linda C Stone, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 397 Jessing Trl		Transaction ID: C296524	
City State Zip Code Columbus OH 43235-8409	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State University Col- lege of Medic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Glen R Stream, MD		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address 14408 E Sprague Ave		Transaction ID: C263092	
City State Zip Code Spokane WA 99216-2167	Amount of Each Receipt this Period 100.00		
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		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 162
	<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. Glen R Stream, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 14408 E Sprague Ave		Transaction ID: C295167	
City State Zip Code Spokane WA 99216-2167	Amount of Each Receipt this Period 100.00		
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		

Full Name (Last, First, Middle Initial) B. Glen R Stream, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 14408 E Sprague Ave		Transaction ID: C298431	
City State Zip Code Spokane WA 99216-2167	Amount of Each Receipt this Period 100.00		
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		

Full Name (Last, First, Middle Initial) C. Glen R Stream, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 14408 E Sprague Ave		Transaction ID: C314878	
City State Zip Code Spokane WA 99216-2167	Amount of Each Receipt this Period 100.00		
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		

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 98 / 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

Full Name (Last, First, Middle Initial) A. Richard H Streiffer, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address Tulane Unv Fam Comm Med 1430 Tulane Ave # TB3		Transaction ID: C295905	
City State Zip Code New Orleans LA 70112-2632	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tulane Unviersity	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Michael S Strekall, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 405 Saddle Dr		Transaction ID: C281091	
City State Zip Code Helena MT 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		

Full Name (Last, First, Middle Initial) C. Jonathan R Sugarman, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address Ste 100 10700 Meridian Ave N		Transaction ID: C273023	
City State Zip Code Seattle WA 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
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 Medicine 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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: C315353

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
04 / 24 / 2007

Transaction ID: C295457

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
05 / 23 / 2007

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**

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

FOR LINE NUMBER: PAGE 101 / 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)
Boyce G Tollison, MD

Mailing Address 105 Medinah Dr
PO Box 2927

City State Zip Code
Easley SC 29641-2927

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

Name of Employer Palmetto Baptist Easley Occupation Physician

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

Date of Receipt
M M / D D / 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 State Zip Code
Chicago IL 60612-7246

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

Name of Employer UIC Occupation Physician

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

Date of Receipt
M M / D D / 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 State Zip Code
Kansas City KS 66160-0001

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

Name of Employer University of Kansas Occupation Physician

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

Date of Receipt
M M / D D / 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	FOR LINE NUMBER:	PAGE 102 / 162
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tim Joseph Vega, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 209 W Columbia Ter		Transaction ID: C315352	
City State Zip Code Peoria IL 61606-1504	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Francis Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Gabrielle A Vencel Olson, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address A C M C 101 Willmar Ave SW		Transaction ID: C301333	
City State Zip Code Willmar MN 56201-3556	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Affiliated Community Medical Centers	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Sharry Kay Veres, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2007	
Mailing Address 1720 E Beverly Rd		Transaction ID: C297061	
City State Zip Code Phoenix AZ 85042-6870	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Joes - Phoenix	Occupation Resident		
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 103 / 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)
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 Board 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	4	/	2	0	0	7

Transaction ID: C273737

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
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 America 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: C295438

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
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 Physicians 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	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	FOR LINE NUMBER: (check only one)	PAGE 104 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address University Phys Grp Fishburn
845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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

Name of Employer Occupation
Hershey Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2007

Transaction ID: C275140

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Thomas J Weida, MD

Mailing Address University Phys Grp Fishburn
845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

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

Name of Employer Occupation
Hershey Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2007

Transaction ID: C300942

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Mary Jo Welker, MD

Mailing Address 2231 N High St
OSU-Rardin Family Practice Ctr

City State Zip Code
Columbus OH 43201-4153

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

Name of Employer Occupation
Ohio State University Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 23 / 2007

Transaction ID: C261146

Amount of Each Receipt this Period
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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

FOR LINE NUMBER: PAGE 106 / 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)
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 Occupation
Ohio State University Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 Occupation
Ohio State University Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 Occupation
Dahlonega Physicians Group physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: (check only one)	PAGE 107 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven Michael Wilk, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address 12669 Devon Ln Ste A		Transaction ID: C296530	
City State Zip Code Carmel IN 46032-9447	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Physician	Occupation Adventist Health Partners		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Wayne E Williams, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2007	
Mailing Address 110 S 9th St		Transaction ID: C295755	
City State Zip Code Mayfield KY 42066-2208	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Peter A S Winn, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address Dept Of Family Med 900 NE 10th St		Transaction ID: C296526	
City State Zip Code Oklahoma City OK 73104-5420	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Oklahoma, College of Med	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) ▶	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: (check only one)	PAGE 108 / 162		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Kevin M Wong, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 7	
Mailing Address Western PA Family Med Assoc 2057 Route 130		Transaction ID: C298062	
City State Zip Code Jeannette PA 15644-1168	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) B. Julie Kristin Wood, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 5305 NE Rainbow Cir		Transaction ID: C272770	
City State Zip Code Lees Summit MO 64064-2450	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) C. Philip James Worrell, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 2325 Vale Crest Rd		Transaction ID: C295456	
City State Zip Code Golden Valley MN 55422-3419	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
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: (check only one)	PAGE 109 / 162
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. J Mack Worthington, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 1100 E 3rd St		Transaction ID: C298904
City State Zip Code Chattanooga TN 37403-2201	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Tennessee, College of Me	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. J Mack Worthington, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 1100 E 3rd St		Transaction ID: C314902
City State Zip Code Chattanooga TN 37403-2201	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Tennessee, College of Me	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Paul E Wright, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 7
Mailing Address 1513 Morning Star		Transaction ID: C298063
City State Zip Code Edmond OK 73034-6549	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St Anthony Hospital	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) ▶	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)

<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)
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:
 Primary General
 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:
 Primary General
 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:
 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 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	FOR LINE NUMBER:		PAGE 111 / 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"/> 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 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 Occupation
Central Coast Family Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

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

FOR LINE NUMBER: PAGE 113 / 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	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

FOR LINE NUMBER: PAGE 114 / 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 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 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 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
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 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
 06 / 29 / 2007

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)

PAGE 116 / 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		Transaction ID: D35154 Date of Disbursement
Mailing Address PO Box 53852		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="147.50"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D35155 Date of Disbursement
Mailing Address PO Box 53852		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="73.75"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D35156 Date of Disbursement
Mailing Address PO Box 53852		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="29.50"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="250.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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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		Transaction ID: D36726	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 02 / 09 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 14.75
Purpose of Disbursement Credit card processing fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D36727	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 02 / 13 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 10.33
Purpose of Disbursement Credit card processing fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D37728	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 10.77
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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)

PAGE 118 / 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		Transaction ID: D37729	
Mailing Address PO Box 53852		Date of Disbursement 02 / 26 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 23.58
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D37730	
Mailing Address PO Box 53852		Date of Disbursement 01 / 29 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 11.38
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D37731	
Mailing Address PO Box 53852		Date of Disbursement 01 / 29 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 2.95
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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		Transaction ID: D37835	
Mailing Address PO Box 53852		Date of Disbursement 03 / 05 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 27.89
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D37836	
Mailing Address PO Box 53852		Date of Disbursement 03 / 05 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 4.43
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D37837	
Mailing Address PO Box 53852		Date of Disbursement 03 / 06 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 2.95
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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)

PAGE 120 / 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		Transaction ID: D37838	
Mailing Address PO Box 53852		Date of Disbursement 03 / 07 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 29.50
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D37839	
Mailing Address PO Box 53852		Date of Disbursement 03 / 12 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 4.43
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D37840	
Mailing Address PO Box 53852		Date of Disbursement 03 / 16 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 14.75
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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		Transaction ID: D37841	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 03 / 26 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 9.73
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D40803	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 04 / 09 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 13.95
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D40804	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 04 / 16 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 3.88
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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)

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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		Transaction ID: D40805 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.55
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D40806 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 11.32
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D40807 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 6.20
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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)

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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		Transaction ID: D40808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 22.62
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D40809 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 22.63
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D40810 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 11.32
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	56.57
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D40811 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 15.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D40812 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 14.42
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D41096 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.10
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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)

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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		Transaction ID: D41097 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.65
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D41098 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.10
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D41099 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.55
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	9.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D41100	
Mailing Address PO Box 53852		Date of Disbursement 05 / 11 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 14.42
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D41101	
Mailing Address PO Box 53852		Date of Disbursement 05 / 14 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 22.63
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D41102	
Mailing Address PO Box 53852		Date of Disbursement 05 / 14 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 15.50
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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)

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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		Transaction ID: D41103 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.10
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D41104 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 18.60
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D41105 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.65
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	26.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D41106	
Mailing Address PO Box 53852		Date of Disbursement 05 / 22 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 37.20
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D41107	
Mailing Address PO Box 53852		Date of Disbursement 05 / 25 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 13.90
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D41109	
Mailing Address PO Box 53852		Date of Disbursement 05 / 29 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 11.32
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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		Transaction ID: D41110 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 6.09
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D47740 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 6.20
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D47741 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.10
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	15.39
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D47742 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 0.78
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D47743 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 3.10
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D47747 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 5.68
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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		Transaction ID: D47748 Date of Disbursement
Mailing Address PO Box 53852		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period <input type="text" value="4.65"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D47749 Date of Disbursement
Mailing Address PO Box 53852		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period <input type="text" value="9.19"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Services		Transaction ID: D41094 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period <input type="text" value="498.04"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="511.88"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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		Transaction ID: D47745 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="493.73"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Bank Of America Merchant Services		Transaction ID: D47746 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Bank Fee - Check order		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="54.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Services		Transaction ID: D41114 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Deposit Fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="9.20"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="556.93"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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		Transaction ID: D41115 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address WA2-505-01-40 PO Box 2485		Amount of Each Disbursement this Period 0.28
City Spokane	State WA	
Zip Code 99210-2485		Category/ Type
Purpose of Disbursement Deposit Fee		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bank Of America Merchant Services		Transaction ID: D40813 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address WA2-505-01-40 PO Box 2485		Amount of Each Disbursement this Period 323.93
City Spokane	State WA	
Zip Code 99210-2485		Category/ Type
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Services		Transaction ID: D37842 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address WA2-505-01-40 PO Box 2485		Amount of Each Disbursement this Period 205.26
City Spokane	State WA	
Zip Code 99210-2485		Category/ Type
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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		Transaction ID: D37761 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="0.25"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Bank Of America Merchant Services		Transaction ID: D36728 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="185.96"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Services		Transaction ID: D35158 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="126.62"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="312.83"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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		Transaction ID: D35160 Date of Disbursement
Mailing Address P O Box 52145		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-2145
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="24.08"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Discover Network		Transaction ID: D36729 Date of Disbursement
Mailing Address P O Box 52145		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-2145
Purpose of Disbursement Credit card processing fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="10.91"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Discover Network		Transaction ID: D37843 Date of Disbursement
Mailing Address P O Box 52145		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85072-2145
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="39.87"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="74.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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		Transaction ID: D40814 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address P O Box 52145		Amount of Each Disbursement this Period 35.50
City Phoenix State AZ Zip Code 85072-2145	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Discover Network		Transaction ID: D41095 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P O Box 52145		Amount of Each Disbursement this Period 16.24
City Phoenix State AZ Zip Code 85072-2145	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Discover Network		Transaction ID: D47744 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address P O Box 52145		Amount of Each Disbursement this Period 33.23
City Phoenix State AZ Zip Code 85072-2145	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

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:
(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. AMERICA WORKS PAC		Transaction ID: D40989 Date of Disbursement 06 / 08 / 2007
Mailing Address 426 C St NE		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20002-5818	
Purpose of Disbursement Campaign contribution	Category/Type	
Candidate Name Sherrod Brown		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District:		

Full Name (Last, First, Middle Initial) B. COMMITTEE FOR A DEMOCRATIC MAJORITY		Transaction ID: D37664 Date of Disbursement 03 / 15 / 2007
Mailing Address 301 4th St. NE Suite 202 SUITE 202		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Campaign contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DONNA CHRISTENSEN CAMPAIGN		Transaction ID: D37657 Date of Disbursement 03 / 15 / 2007
Mailing Address 417 New Jersey Ave SE		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20003-4007	
Purpose of Disbursement Campaign contribution	Category/Type	
Candidate Name Del. Donna M. Christensen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VI District: 0		

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		Transaction ID: D37663 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Campaign contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Transaction ID: D41016 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 120 Maryland Ave NE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002-5610	Purpose of Disbursement Campaign contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee		Transaction ID: D40991 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Campaign contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

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. National Republican Congressional Committee		Transaction ID: D37665 Date of Disbursement
Mailing Address 320 1st St SE		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-1838
Purpose of Disbursement Campaign contribution	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION		Transaction ID: D40992 Date of Disbursement
Mailing Address PO Box 26366		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Alexandria	State VA	Zip Code 22313-6366
Purpose of Disbursement Campaign contribution	<input type="text" value=""/>	
Candidate Name Phil English	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 3		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. ANNA ESHOO FOR CONGRESS		Transaction ID: D37661 Date of Disbursement
Mailing Address PO Box 636		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Annandale	State VA	Zip Code 22003-0636
Purpose of Disbursement Campaign contribution	<input type="text" value=""/>	
Candidate Name Rep. Anna Eshoo	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 14		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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. CUBIN FOR CONGRESS INC		Transaction ID: D41077 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address POST OFFICE BOX 4657		Amount of Each Disbursement this Period 2500.00
City CASPER State WY Zip Code 82604	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Barbara Cubin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: D40881 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 2500.00
City Murfreesboro State TN Zip Code 37133	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN		Transaction ID: D41057 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address PO Box 12612		Amount of Each Disbursement this Period -2000.00
City San Antonio State TX Zip Code 78212-0612	Category/ Type	
Purpose of Disbursement Voided Check #200144 - 4/4/2007		
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN		Transaction ID: D37795 Date of Disbursement 04 / 02 / 2007
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 2000.00
City San Antonio	State TX Zip Code 78212-0612	
Purpose of Disbursement Campaign contribution		Category/ Type
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 20		

Full Name (Last, First, Middle Initial) B. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN		Transaction ID: D40729 Date of Disbursement 05 / 07 / 2007
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 2000.00
City San Antonio	State TX Zip Code 78212-0612	
Purpose of Disbursement Campaign contribution		Category/ Type
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 20		

Full Name (Last, First, Middle Initial) C. RANGEL FOR CONGRESS		Transaction ID: D37662 Date of Disbursement 03 / 15 / 2007
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 5000.00
City New York	State NY Zip Code 10027-5570	
Purpose of Disbursement Campaign contribution		Category/ Type
Candidate Name Rep. Charles B. Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		

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

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. 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)

<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		Transaction ID: D40762																					
Mailing Address PO Box 968		Date of Disbursement																					
City Melbourne State FL Zip Code 32902		<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>1</td><td>0</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		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	7														
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period																					
Candidate Name Rep. Dave Weldon		<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>		1500.00																			
1500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: FL District: 15		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. MOORE FOR CONGRESS		Transaction ID: D40990																					
Mailing Address PO BOX 14631		Date of Disbursement																					
City Shawnee Mission State KS Zip Code 66285		<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>0</td><td>8</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		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	8		2	0	0	7														
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period																					
Candidate Name Rep. Dennis Moore		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: KS District: 3		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. DIANA DEGETTE FOR CONGRESS INC.		Transaction ID: D37658																					
Mailing Address P.O. Box 61337		Date of Disbursement																					
City Denver State CO Zip Code 80206		<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>1</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	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period																					
Candidate Name Rep. Diana L. DeGette		<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>		2500.00																			
2500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: CO District: 1		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

**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. EARL POMEROY FOR CONGRESS		Transaction ID: D37667 Date of Disbursement																					
Mailing Address PO Box 75214		<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>1</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	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
City Washington	State DC	Zip Code 20013-0214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name Rep. Earl Pomeroy		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: ND	District: 0																						

Full Name (Last, First, Middle Initial) B. BOYD FOR CONGRESS		Transaction ID: D40767 Date of Disbursement																					
Mailing Address P.O. Box 15703		<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>1</td><td>0</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		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	7														
City Tallahassee	State FL	Zip Code 32317	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="1500.00"/>																				
Candidate Name Rep. F. Allen Boyd Jr.		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 2																						

Full Name (Last, First, Middle Initial) C. PETE STARK RE-ELECTION COMMITTEE		Transaction ID: D37660 Date of Disbursement																					
Mailing Address P.O. Box 8331		<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>1</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	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
City Fremont	State CA	Zip Code 94537	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name Rep. Fortney H. Stark		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 13																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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. PALLONE FOR CONGRESS		Transaction ID: D40764 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2500.00
City LONG BRANCH State NJ Zip Code 07740	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Frank Pallone Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GIFFORDS FOR CONGRESS		Transaction ID: D41079 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 2500.00
City Tucson State AZ Zip Code 85726	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Gabrielle Giffords		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. GENE GREEN CONGRESSIONAL CAMPAIGN		Transaction ID: D37659 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO BOX 16128		Amount of Each Disbursement this Period 2500.00
City HOUSTON State TX Zip Code 77222	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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. Jim Clyburn Campaign Committee		Transaction ID: D47641	
Mailing Address PO Box 12567		Date of Disbursement 06 / 28 / 2007	
City Columbia	State SC	Zip Code 29211	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name Rep. James Clyburn			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC	District: 6		

Full Name (Last, First, Middle Initial) B. WALSH FOR CONGRESS COMMITTEE		Transaction ID: D37686	
Mailing Address 104 Hume Ave		Date of Disbursement 03 / 19 / 2007	
City Alexandria	State VA	Zip Code 22301-1015	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. James T. Walsh			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 25		

Full Name (Last, First, Middle Initial) C. JESSE JACKSON JR. FOR CONGRESS		Transaction ID: D40784	
Mailing Address P.O. Box 490286		Date of Disbursement 05 / 10 / 2007	
City Chicago	State IL	Zip Code 60649	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. Jesse Jackson Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 2		

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 FOR JIM MCDERMOTT		Transaction ID: D41076 Date of Disbursement																					
Mailing Address PO Box 21786		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</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		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	7														
City Seattle	State WA	Zip Code 98111	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Jim McDermott		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA District: 7																							

Full Name (Last, First, Middle Initial) B. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: D40676 Date of Disbursement																					
Mailing Address P.O. Box 1444		<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>4</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	4		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	7														
City Ennis	State TX	Zip Code 75120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="1500.00"/>																				
Candidate Name Rep. Joe Barton		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX District: 6																							

Full Name (Last, First, Middle Initial) C. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: D40987 Date of Disbursement																					
Mailing Address 607 14th Street N.W.		<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>0</td><td>8</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		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	8		2	0	0	7														
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name Rep. John D. Dingell		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI District: 15																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 148 / 162

<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 JOHN PETERSON		Transaction ID: D40678 Date of Disbursement 04 / 27 / 2007
Mailing Address 114 W. State Street PO BOX 295		Amount of Each Disbursement this Period 1000.00
City Pleasantville	State PA Zip Code 16341	
Purpose of Disbursement Campaign contribution		Category/ Type
Candidate Name Rep. John E. Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 5		

Full Name (Last, First, Middle Initial) B. JOHN LEWIS FOR CONGRESS		Transaction ID: D40769 Date of Disbursement 05 / 10 / 2007
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 2500.00
City Atlanta	State GA Zip Code 30331	
Purpose of Disbursement Campaign contribution		Category/ Type
Candidate Name Rep. John Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 5		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN TANNER		Transaction ID: D37668 Date of Disbursement 03 / 15 / 2007
Mailing Address 236 Massachusetts Ave NE		Amount of Each Disbursement this Period 2000.00
City Washington	State DC Zip Code 20002-4980	
Purpose of Disbursement Campaign contribution		Category/ Type
Candidate Name Rep. John S. Tanner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 8		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 149 / 162

<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		Transaction ID: D40677 Date of Disbursement																					
Mailing Address Post Office Box 470840		<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>4</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	4		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	7														
City Tulsa	State OK	Zip Code 74147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. John Sullivan		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OK	District: 1																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE PITTS		Transaction ID: D41078 Date of Disbursement																					
Mailing Address PO BOX 775		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</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		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	7														
City Unionville	State PA	Zip Code 19375	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Joseph R. Pitts		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 16																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPs		Transaction ID: D40883 Date of Disbursement																					
Mailing Address PO Box 23940		<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>3</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	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	3		2	0	0	7														
City Santa Barbara	State CA	Zip Code 93121	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. Lois Capps		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 23																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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. MICHAEL BURGESS FOR CONGRESS		Transaction ID: D40770 Date of Disbursement																					
Mailing Address PO Box 2334		<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>1</td><td>0</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		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	7														
City Denton	State TX	Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. Michael C. Burgess		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 26																						

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Transaction ID: D40984 Date of Disbursement																					
Mailing Address Post Office Box 581		<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>0</td><td>8</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		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	8		2	0	0	7														
City Brighton	State MI	Zip Code 48116	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Michael J. Rogers		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI	District: 8																						

Full Name (Last, First, Middle Initial) C. NATHAN DEAL FOR CONGRESS		Transaction ID: D37709 Date of Disbursement																					
Mailing Address PO BOX 902 PO BOX 902		<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>1</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	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	7														
City GAINESVILLE	State GA	Zip Code 30503	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name Rep. Nathan Deal		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 9																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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. TIBERI FOR CONGRESS		Transaction ID: D40761 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Ste 2000		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Columbus	State OH	Zip Code 43229
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Patrick J. Tiberi		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 12	

Full Name (Last, First, Middle Initial) B. GINGREY FOR CONGRESS		Transaction ID: D40988 Date of Disbursement
Mailing Address PO Box U		<input type="text" value="06"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Phil Gingrey		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 11	

Full Name (Last, First, Middle Initial) C. FRIENDS OF RAHM EMANUEL		Transaction ID: D40768 Date of Disbursement
Mailing Address P.O. Box 101124		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Rahm Emanuel		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 5	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 152 / 162

<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 ROY BLUNT		Transaction ID: D40986 Date of Disbursement																					
Mailing Address PO Box 50100		<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>0</td><td>8</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		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	8		2	0	0	7														
City Springfield	State MO	Zip Code 65805	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	2500.00																				
Candidate Name Rep. Roy Blunt																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MO	District: 7																						

Full Name (Last, First, Middle Initial) B. HOYER FOR CONGRESS		Transaction ID: D37796 Date of Disbursement																					
Mailing Address 7905 MALCOLM ROAD SUITE 102		<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>4</td><td></td><td>0</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	4		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
City CLINTON	State MD	Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	5000.00																				
Candidate Name Rep. Steny H. Hoyer																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD	District: 5																						

Full Name (Last, First, Middle Initial) C. HOOSIERS SUPPORTING BUYER FOR CONGRESS		Transaction ID: D40985 Date of Disbursement																					
Mailing Address 200 North Main St. P.O. Box 712		<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>0</td><td>8</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		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	8		2	0	0	7														
City Monticello	State IN	Zip Code 47960	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution		Category/ Type	2500.00																				
Candidate Name Rep. Steve Buyer																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IN	District: 4																						

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) 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. TOM ALLEN FOR CONGRESS COMMITTEE		Transaction ID: D40680 Date of Disbursement 04 / 27 / 2007	
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 2500.00	
City Portland	State ME	Zip Code 04112	Category/ Type
Purpose of Disbursement Campaign contribution			
Candidate Name Rep. Thomas H. Allen			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME	District: 1		

Full Name (Last, First, Middle Initial) B. TIM RYAN FOR CONGRESS		Transaction ID: D40675 Date of Disbursement 04 / 27 / 2007	
Mailing Address 80 F St NW Suite 804		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20001	Category/ Type
Purpose of Disbursement Campaign contribution			
Candidate Name Rep. Tim Ryan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 17		

Full Name (Last, First, Middle Initial) C. TIM MURPHY FOR CONGRESS		Transaction ID: D40880 Date of Disbursement 05 / 23 / 2007	
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh	State PA	Zip Code 15234	Category/ Type
Purpose of Disbursement Campaign contribution			
Candidate Name Rep. Timothy F. Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 18		

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PRICE FOR CONGRESS		Transaction ID: D37666	
Mailing Address P.O. Box 425		Date of Disbursement MM / DD / YYYY 03 / 15 / 2007	
City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. Tom Price			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 6		

Full Name (Last, First, Middle Initial) B. BECERRA FOR CONGRESS		Transaction ID: D40679	
Mailing Address P.O. Box 116		Date of Disbursement MM / DD / YYYY 04 / 27 / 2007	
City Hyattsville	State MD	Zip Code 20781	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. Xavier Becerra			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 31		

Full Name (Last, First, Middle Initial) C. REPUBLICAN MAIN STREET PARTNERSHIP PAC		Transaction ID: D37797	
Mailing Address 1220 L St NW Ste 100-263		Date of Disbursement MM / DD / YYYY 04 / 02 / 2007	
City Washington	State DC	Zip Code 20005-4018	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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)
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 BLANCHE LINCOLN		Transaction ID: D40763	
Mailing Address PO BOX 3197		Date of Disbursement 05 / 10 / 2007	
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Sen. Blanche L. Lincoln			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 0			

Full Name (Last, First, Middle Initial) B. GRASSLEY COMMITTEE INC		Transaction ID: D40882	
Mailing Address PO BOX 1000		Date of Disbursement 05 / 23 / 2007	
City DES MOINES	State IA	Zip Code 50304	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Sen. Charles E. Grassley			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 0			

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: D41074	
Mailing Address PO BOX 586		Date of Disbursement 06 / 18 / 2007	
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Sen. Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District: 0			

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. FRIENDS OF MAX BAUCUS		Transaction ID: D41075 Date of Disbursement 06 / 18 / 2007	
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 2500.00	
City HELENA	State MT	Zip Code 59624	Category/ Type
Purpose of Disbursement Campaign contribution			
Candidate Name Sen. Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT	District: 0		

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS		Transaction ID: D40682 Date of Disbursement 04 / 27 / 2007	
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 2500.00	
City HELENA	State MT	Zip Code 59624	Category/ Type
Purpose of Disbursement Campaign contribution			
Candidate Name Sen. Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT	District: 0		

Full Name (Last, First, Middle Initial) C. TIM JOHNSON FOR SOUTH DAKOTA INC		Transaction ID: D40819 Date of Disbursement 05 / 10 / 2007	
Mailing Address PO BOX 1859		Amount of Each Disbursement this Period 2500.00	
City SIOUX FALLS	State SD	Zip Code 57101	Category/ Type
Purpose of Disbursement Campaign contribution			
Candidate Name Sen. Tim Johnson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD	District: 0		

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)
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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. CITIZENS FOR HARKIN		Transaction ID: D40816	
Mailing Address P O BOX 811		Date of Disbursement 05 / 10 / 2007	
City DES MOINES	State IA	Zip Code 50304	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Sen. Tom Harkin			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 0		

Full Name (Last, First, Middle Initial) B. BLUE DOG POLITICAL ACTION COMMITTEE		Transaction ID: D37656	
Mailing Address 236 Massachusetts Ave NE Ste 508		Date of Disbursement 03 / 15 / 2007	
City Washington	State DC	Zip Code 20002-4980	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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**

Image# 27990753816

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**
