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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 10 10 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## **SUMMARY PAGE**

Page 2

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Academy of Family Physicians Political Action Committee <sup>®</sup> D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 202641.36 <sup>°</sup>2007 January 1 (b) Cash on Hand at 202641.36 Begining of Reporting Period ..... 191194.18 191194.18 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 393835.54 393835.54 6(a) and 6(c) for Column B) ..... 176791.19 176791.19 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 217044.35 217044.35 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

м м 0 1

Report Covering the Period:

From:

01

<sup>Y</sup> 2 0 0 7

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м м 0 6 <sup>D</sup> 3 0

<sup>Y</sup> 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	146241.63	146241.63
	(ii) Unitemized	42170.64	42170.64
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	188412.27	188412.27
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry  Totals to Line 33, page 5)	188412.27	188412.27
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	2781.91	2781.91
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	174000.00	174000.00
ŀ.	Independent Expenditure (use Schedule E)	0.00	0.00
j.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(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
9.	Other Disbursements	0.00	0.00
<b>)</b> .	Federal Election Activity (2 U.S.C 431(20))		
٠	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
ı	Total Diabuwa amanta (cdd Lines 24/s) 22		
•	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	176791.19	176791.19
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	176791.19	176791.19

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 162
	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED TILOLII 13			Detailed Summary Page	X 11a   11b   11c   12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Mark E Allara, MD			Date of Receipt
	Mailing Address 70 Echo Cove Rd			05 21 7 2007
	City	State	Zip Code	Transaction ID: C298343
	South Hamilton	MA	01982-1508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Andrea Allen, MD			Date of Receipt
	Mailing Address 7316 Casey Ave			05 22 2007
	City	State	Zip Code	Transaction ID: C298440
	Easton	MD	21601-4781	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Shore Health System	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Greenbrier D R Almond, MD			Date of Receipt
	Mailing Address 48 S Kanawha St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C298297
	Buckhannon	WV	26201-2634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Total Life Clinicians LLC	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	1095.00
$\sqsubseteq$				

S	CHEDULE A (FEC Form 3X)		Llea canarata cahadula(a)	FOR LINE NUMBER: PAGE 7 / 162
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians		• •	
Α.	Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferry R  City Baton Rouge  FEC ID number of contributing federal political committee.	State LA	Zip Code 70816-2910	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer General Health Systems  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		
3.	Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferry R	d		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C272930
	Baton Rouge  FEC ID number of contributing federal political committee.	C	70816-2910	Amount of Each Receipt this Period  50.00
	Name of Employer General Health Systems  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		
<b>-</b> .	Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferry R	d		Date of Receipt    M
	City	State	Zip Code	Transaction ID: C276960
	Baton Rouge  FEC ID number of contributing federal political committee.	C	70816-2910	Amount of Each Receipt this Period  50.00
	Name of Employer General Health Systems	Occupation Physician	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			150.00
T	OTAL This Period (last page this line number onl	ly)	<b></b>	

S	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 8 / 162
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			<u> </u>	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
\		arric aria ado	ress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physician	o Political	Action Committee	
	American Academy of Family Physician	is Fullical I	Action Committee	
_	Full Name (Last, First, Middle Initial)			
Α.	Derek J Anderson, MD			Date of Receipt
	Mailing Address 15165 S Harrells Ferry I	Rd		04 20 2007
	City	State	Zip Code	Transaction ID: C295134
	Baton Rouge	LA	70816-2910	Amount of Each Receipt this Period
	FEC ID number of contributing	- 1		
	federal political committee.	C		50.00
	Name of Employer General Health Systems	Occupation		
	· · · · · · · · · · · · · · · · · · ·	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	300.00	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			Patrick Provide
В.	Derek J Anderson, MD	<b>7</b> -1		Date of Receipt
	Mailing Address 15165 S Harrells Ferry I	40		05 21 2007
	City	State	Zip Code	Transaction ID: C298403
	Baton Rouge	LA	70816-2910	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			66.50
	Name of Employer	Occupation	1	7
	General Health Systems	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	300.00	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Derek J Anderson, MD  Mailing Address 15165 S Harrells Ferry I	24		Date of Receipt
	Mailing Address 15165 S Harrells Ferry I	d		06 19 2007
	City	State	Zip Code	Transaction ID: C300919
	Baton Rouge	LA	70816-2910	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			30.30
	Name of Employer General Health Systems	Occupation		
		Physician		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
	Strict (opcour), \			
Г				
s	UBTOTAL of Receipts This Page (optional)			150.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 162
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D. Prince I	Author Organistic	
$\angle$	American Academy of Family Physician	is Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) David W Avery, MD			Date of Receipt
	Mailing Address 3702 River Road			03 12 2007
	City	State	Zip Code	Transaction ID: C276317
	Vienna	WV	26105-1610	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	· ·	Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	1000.00	
В.	Full Name (Last, First, Middle Initial) Macaran A Baird, MD			Date of Receipt
	Mailing Address Univ of MN Dept of FP/N	ИМС 381		M M / D D / Y Y Y Y
	420 Delaware St SE			04 25 2007
	City	State	Zip Code	Transaction ID: C295473
	Minneapolis	MN	55455-0341	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	1	
	University of MN, FM&CH	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Charles Albert Ball, MD	1		Date of Receipt
	Mailing Address Maury Regional Hospita 1224 Trotwood Ave	l		03 26 2007
	City	State	Zip Code	Transaction ID: C278369
	Columbia	TN	38401-4802	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer Maury Regional Hospital	Occupation Medical D		
	Receipt For:	<del></del>	Year-to-Date ▼	
	Primary General		005,00	1
	Other (specify) ▼		365.00	
				1007.00
s	UBTOTAL of Receipts This Page (optional)			1865.00
$\vdash$			·	

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 162
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δr	ny information conied from such Reports and Sta	itements may	y not he sold or used by any nerso	
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial)  A. Esther Rebecca Beal-Landis, MD			Date of Receipt
	Mailing Address 324 Mt Airy St			04 27 2007
	City	State	Zip Code	Transaction ID: C295746
	Cantonment	FL	32533-6567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer U. S . Navy	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		365.00	
	Other (specify) 🔻	0 0	303.00	
В.				Date of Receipt
	Mailing Address Interlakes Medical Center 903 N Washington Ave	er		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C263214
	Madison	SD	57042-1697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Interlakes Medical Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Timothy Michael Beittel, MD			Date of Receipt
	Mailing Address 612 Cody Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C281094
	Thomasville	NC	27360-9674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer ACT Medical Group	Occupation Physician		
	Receipt For:	-	Year-to-Date ▼	7
	Primary General		365.00	
	Other (specify) ▼		303.00	1
s	UBTOTAL of Receipts This Page (optional)			1095.00
l t	OTAL This Period (last page this line number or	nı <b>y</b> )	<b>P</b>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 11 / 162 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO			Date of Receipt
	Mailing Address AGMC Center Family Me 400 Wabash Ave			01 24 7 2007
	City	State	Zip Code	Transaction ID: C261170
	Akron	ОН	44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Akron General Medical Cen- ter	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
3.	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO			Date of Receipt
	Mailing Address AGMC Center Family Me 400 Wabash Ave	dicine		02 / 21 / 2007
	City	State	Zip Code	Transaction ID: C272931
	Akron	OH	44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Akron General Medical Center	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO			Date of Receipt
	Mailing Address AGMC Center Family Me 400 Wabash Ave	dicine		03 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C276961
	Akron	OH	44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Akron General Medical Cen- ter	Occupation Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		210.00	
S	UBTOTAL of Receipts This Page (optional)			105.00
	OTAL This Period (last page this line number onl			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 162
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D. Price of	Author Organistic	
$\angle$	American Academy of Family Physician	is Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO			Date of Receipt
	Mailing Address AGMC Center Family M 400 Wabash Ave	edicine		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C295135
	Akron	ОН	44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Akron General Medical Cen-	Occupation Physician		7
	ter Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogato	Tour to Bute V	1
	Other (specify)		210.00	
				1
В.	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO			Date of Receipt
	Mailing Address AGMC Center Family M 400 Wabash Ave	edicine		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City 400 Wabash Ave	State	Zip Code	Transaction ID: C298404
	Akron	OH	44307-2433	Amount of Each Receipt this Period
			44007 Z400	Amount of Lacif Necelpt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer	Occupation	1	7
	Akron General Medical Center	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify)		210.00	
_	Full Name (Last, First, Middle Initial)			D. (D. )
C.	Mark Harris Belfer, DO  Mailing Address AGMC Center Family M	adiair -		Date of Receipt
	Mailing Address AGMC Center Family M 400 Wabash Ave	edicine		06 19 2007
	City	State	Zip Code	Transaction ID: C300921
	Akron	OH	44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing	C		35.00
	federal political committee.			33.00
	Name of Employer Akron General Medical Cen-	Occupation Physician		
	ter Receipt For:		Year-to-Date ▼	
	Primary General	33 -3-11		1
	Other (specify) ▼	1	210.00	
_				
s	UBTOTAL of Receipts This Page (optional)			105.00
$\vdash$			<u> </u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 162
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED RECEIT 13		Detailed Summary Page	X 11a 11b 11c 12
۸۰	ny information copied from such Reports and State	omente meu	not be cold or used by any perce	13 14 15 16 17
or	for commercial purposes, other than using the na	me and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	Political /	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Stephen Douglas Benold, MD			Date of Receipt
	Mailing Address 105 Tanksley Cir			05 15 2007
	City	State	Zip Code	Transaction ID: C298166
	Georgetown	TX	78628-5320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Williamson County Texas	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	365.00	
	Other (specify) ▼			
3.	Full Name (Last, First, Middle Initial) Louise Berner-Holmberg, MD			Date of Receipt
	Mailing Address 322 Forest St			M M / D D / Y Y Y Y
				05 15 2007
	City	State	Zip Code	Transaction ID: C298155
	Winnetka	IL	60093-3820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		7
		Physician		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	365.00	
		0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Nicholas P Bernier, MD			Date of Receipt
	Mailing Address 523 N 3rd St			06 26 7 2007
	City	State	Zip Code	Transaction ID: C315294
	Brainerd	MN	56401-3054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer St. Joseph Medical Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· ·	365.00	
	Other (specify) ▼		000.00	
s	UBTOTAL of Receipts This Page (optional)			1095.00

SCHEDULE A (FEC Form 3X)		Lla a consueta a cha dula (a)	FOR LINE NUMBER: PAGE 14 / 162
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and St. or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicial	ns Political	Action Committee	
Full Name (Last, First, Middle Initial)  Kenneth Robert Bertka, MD			Date of Receipt
Mailing Address 8533 Castle Oaks Pl			05 / 02 / 2007
City	State	Zip Code	Transaction ID: C296353
Holland	OH	43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mersy Health Partners	Occupation Family P		
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General	1	500.00	
Other (specify)	0 0	0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  Vicki M Bertka, MD			Date of Receipt
Mailing Address 8533 Castle Oaks Pl			06 / 26 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C315299
Holland	OH	43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Hospice of Northwest Ohio	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  C. Karla L Birkholz, MD			Date of Receipt
Mailing Address 18700 N 64th Dr Ste 20	)1		M " M / D " D / Y " Y " Y " Y
Ste 201			04 22 2007
City <u>Glendale</u>	State <b>AZ</b>	Zip Code 85308-7112	Transaction ID: C295398  Amount of Each Receipt this Period
		63306-7112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Your Family Physician	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		365.00	
Other (specify)			
SUBTOTAL of Receipts This Page (optional)			1365.00
TOTAL This Period (last page this line number of	only)	<b>)</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:   PAGE 15 / 162   (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians Po	olitical	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Kevin Leroy Bjordahl, MD Mailing Address 100 Villa Ln			Date of Receipt
	City S	State	Zip Code	0 3 1 6 2 0 0 7  Transaction ID: C276641
	Milbank S	SD	57252-3206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Self Employed Ph	ccupation nysiciar		
	Receipt For:  Primary  General  Other (specify) ▼	ggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD			Date of Receipt
	Mailing Address 4407 Leedy Rd	<u> </u>	7: 0.1	03 / 01 / 2007
	•	State	Zip Code	Transaction ID: C273264
		ΓN	37664-2117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	East Tennesseé State University	ccupation nysiciar	1	
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Amy M Bonifas, MD			Date of Receipt
	Mailing Address 2632 Pillsbury Ave	N	7'. O. I.	04 23 2007
		State MN	Zip Code 55408-1541	Transaction ID: C295413  Amount of Each Receipt this Period
	EEC ID according of a contribution		33406-1341	
	FEC ID number of contributing federal political committee.			365.00
	Self Employed Ph	cupation	1	
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00
Т	OTAL This Period (last page this line number only).			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 162
	EMIZED RECEIPTS		or each category of the	(check only one)
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An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Audrey R Boyd, MD			Date of Receipt
	Mailing Address C M Human Resources C 2200 Harden St			05 / 09 / 4 4 4 4
	City Columbia	State SC	Zip Code 29203-7199	Transaction ID: C297213  Amount of Each Receipt this Period
	FEC ID number of contributing		23203-7133	
	federal political committee.	С		500.00
	Name of Employer SC Dept of Mental Health	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) John R Brill, MD			Date of Receipt
	Mailing Address 6080 S Karrington Ln			06 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C314832
	New Berlin	WI	53151-8751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Aurora Health Care	Occupation		
	Receipt For:	Physician Aggregate	Year-to-Date ▼	-
	Primary General	. iggi ogalo		
	Other (specify) ▼		365.00	
Э.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD			Date of Receipt
	Mailing Address 830 Arbor Ln			01 24 7 2007
	Classian	State	Zip Code	Transaction ID: C261172
	Glenview	<u>L</u>	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Family Medicine Associates	Occupation		
	of Lutheran Receipt For:	Physician Aggregate	Year-to-Date ▼	-
	Primary General	99. 09410		
	Other (specify) ▼		800.00	
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1115.00
T	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
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			Detailed Summary Page	
_				13 14 15 16 17
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$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD			Date of Receipt
	Mailing Address 830 Arbor Ln			02 / 21 / 2007
	City	State	Zip Code	Transaction ID: C272937
	Glenview	IL	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Family Medicine Associates of Lutheran Receipt For: Primary General	Occupation Physician Aggregate	n Year-to-Date ▼	1
	Other (specify) ▼	0 0	800.00	
В.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD			Date of Receipt
ъ.	Mailing Address 830 Arbor Ln			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: C276974
	Glenview	IL	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Family Medicine Associates of Lutheran Receipt For:	Occupation Physician		
	Primary General Other (specify) ▼	199.73	800.00	]
С.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD			Date of Receipt
	Mailing Address 830 Arbor Ln			05 30 2007
	City	State	Zip Code	Transaction ID: C298903
	Glenview	IL	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Family Medicine Associates of Lutheran Receipt For:	Occupation Physician Aggregate		
_	Primary ☐ General Other (specify) ▼		800.00	
s	UBTOTAL of Receipts This Page (optional)			550.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 18 / 162
ITEMIZED RECEIPTS		or each category of the	(check only one)		
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Family Physician	s Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) Jennifer L Brull, MD			Date of Receipt	
	Mailing Address 300 S Colorado St PO Box 5	Stata	Zin Codo	06 26	2007
	City Plainville	State KS	Zip Code 67663-0005	Transaction ID: C	
		NO	67663-0003	Amount of Each Re	celpt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Self Employed	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		365.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Richard R Burdeaux, DO			Date of Receipt	
	Mailing Address PO Box 70			M M / D D D D 2 3	
	City	State	Zip Code	Transaction ID: C	295440
	<u>La Follette</u>	TN	37766-0070	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Summit Medical Group	Occupation			
	·	Owner/Pl	•		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼	0 0	1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) Jeffrey J Cain, MD			Date of Receipt	
	Mailing Address The Childrens Hospital 1056 E 19th Ave # B085	;		02 09	2007
	City	State	Zip Code	Transaction ID: C	263113
	Denver	CO	80218-1007	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer The Children's Hospital	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	500.00		
	Other (specify)		500.00		
s	UBTOTAL of Receipts This Page (optional)				1730.00
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т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 162
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Physiciar	ns Political	Action Committee	
Full Name (Last, First, Middle Initial)  4. Jeffrey J Cain, MD			Date of Receipt
Mailing Address The Childrens Hospital 1056 E 19th Ave # B085	5		05 18 7 2007
City	State	Zip Code	Transaction ID: C298300
Denver	CO	80218-1007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		135.00
Name of Employer The Children's Hospital	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  Ann Marie Marie Campione, MD			Date of Receipt
Mailing Address Specialty Health Clinic 350 W 6th St Ste D2			06 16 2007
City	State	Zip Code	Transaction ID: C300902
Reno	NV	89503-4543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Specialty Health Clinic	Occupation Physician		7
Receipt For:	<u> </u>	Year-to-Date ▼	
Primary General	33 13	365.00	1
Other (specify) 🔻	0 0		1
Full Name (Last, First, Middle Initial)  Gene Cannata, MD			Date of Receipt
Mailing Address Pratt Family Practice PO Box 308			05 21 2007
City	State	Zip Code	Transaction ID: C298293
<u>Pratt</u>	KS	67124-0308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
SUBTOTAL of Receipts This Page (optional)			865.00
(optional)			-

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 162
		e separate schedule(s) each category of the	(check only one)
ITEMIZED RECEIPTS		tailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and Sta	tements may not be	e sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and address o	of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Physician	s Political Action	n Committee	
Full Name (Last, First, Middle Initial)  A. David Wayne Carlson, MD			Date of Receipt
Mailing Address 1201 W Agency Rd			05 15 2007
City	State Z	ip Code	Transaction ID: C298148
West Burlington	IA 5	2655-1645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Great River Medical Servi-	Occupation Physician		
ces Receipt For:	Aggregate Year-	to-Date V	-
Primary General	Aggregate rear	io-Dale ♥	
Other (specify) ▼	0 0 0	250.00	
Full Name (Last, First, Middle Initial)  3. David Adam Carlyle, MD			Date of Receipt
Mailing Address PO Box 3014			01 23 7 2007
City	State Z	ip Code	Transaction ID: C261153
Ames	IA 5	0010-3014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Family Medicine East	Occupation Physician		
Receipt For:	Aggregate Year-	to-Date ▼	7
Primary General			1
Other (specify) ▼	0 0 0 0	2500.00	
Full Name (Last, First, Middle Initial) John Alan Carmichael, MD			Date of Receipt
Mailing Address Thomas Spann Cln # 30 7121 S Padre Island Dr			04 / 03 / Y Y Y Y Y Y Y
City		ip Code	Transaction ID: C278859
Corpus Christi	<u>TX 7</u>	8412-4938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Thomas Spann Clinic	Occupation Physician		
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General			1
Other (specify) ▼	0 0 0 0	250.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	3000.00
TOTAL This Period (last page this line number or	nly)	<b></b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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Ar	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Baretta R Casey, MD			Date of Receipt
	Mailing Address 171 Cedar Hills Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C260035
	Pikeville	KY	41501-8704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	University of Kentucky Co.	Dccupation Physician		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Judith Chamberlain, MD			Date of Receipt
	Mailing Address 74 Baribeau Dr			03 / 07 / 2007
	City	State	Zip Code	Transaction ID: C275141
	Brunswick	ME	04011-3218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		4000.00
	Roydoin Modical Group	Occupation Physician		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		4250.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Judith Chamberlain, MD			Date of Receipt
	Mailing Address 74 Baribeau Dr			05 07 2007
	City	State	Zip Code	Transaction ID: C296496
	Brunswick	ME	04011-3218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Rowdoin Modical Group	Occupation Physician		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		4250.00	
s	UBTOTAL of Receipts This Page (optional)			4615.00
<b> </b>	OTAL This Period (last page this line number only	1		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 162
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicia	Action Committee		
A.	Full Name (Last, First, Middle Initial) Po-Shen Chang, MD			Date of Receipt
	Mailing Address 139 Monticello Dr			03 / 06 / 2007
	City	State	Zip Code	Transaction ID: C273963
	Longview	WA	98632-9522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Northwest Permanente	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Charles E Christianson, MD			Date of Receipt
	Mailing Address UNDSM&HS Dept of Fa 501 N Columbia Rd	05 18 7 2007		
	City	State	Zip Code	Transaction ID: C298301
	Grand Forks	ND	58203-2817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
		Occupation Physician		500.00
	federal political committee.  Name of Employer University of North Dakota  Receipt For:	Occupation Physician		500.00
	federal political committee.  Name of Employer University of North Dakota	Occupation Physician	1	500.00
	Federal political committee.  Name of Employer University of North Dakota  Receipt For: Primary General	Occupation Physician	n Year-to-Date ▼	Date of Receipt
c.	Full Name (Last, First, Middle Initial)	Occupation Physician	n Year-to-Date ▼	
 C.	Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD Mailing Address 7 Clarke Ct	Occupation Physician Aggregate	n Year-to-Date ▼	Date of Receipt
c.	federal political committee.  Name of Employer University of North Dakota  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD  Mailing Address 7 Clarke Ct	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD Mailing Address 7 Clarke Ct	Occupation Physician Aggregate	Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
C.	federal political committee.  Name of Employer University of North Dakota  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD  Mailing Address 7 Clarke Ct  City  Williamsburg  FEC ID number of contributing	Occupation Physician Aggregate State VA	Zip Code 23188-6444	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer University of North Dakota  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD  Mailing Address 7 Clarke Ct  City Williamsburg  FEC ID number of contributing federal political committee.  Name of Employer Temple Multi-Specialty Group Receipt For:	Occupation Physician Aggregate  State VA  C  Occupation Physician	Zip Code 23188-6444	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer University of North Dakota  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD  Mailing Address 7 Clarke Ct  City Williamsburg  FEC ID number of contributing federal political committee.  Name of Employer Temple Multi-Specialty Group	Occupation Physician Aggregate  State VA  C  Occupation Physician	Year-to-Date ▼  500.00  Zip Code 23188-6444	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer University of North Dakota  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Christopher J Ciccone, MD  Mailing Address 7 Clarke Ct  City Williamsburg  FEC ID number of contributing federal political committee.  Name of Employer Temple Multi-Specialty Group Receipt For: Primary General	State VA  C  Occupation Physician Aggregate  State VA  C  Aggregate  Aggregate	Zip Code 23188-6444  Year-to-Date ▼ 365.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 162
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicians	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Deborah S Clements, MD			Date of Receipt
	Mailing Address 10529 Walmer St			06 26 2007
	City	State	Zip Code	Transaction ID: C315332
	Overland Park	KS	66212-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer University of Kansas Medi- cal Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify) ▼	0 0	363.00	
В.	Full Name (Last, First, Middle Initial) Merrill Ray Conant, MD			Date of Receipt
	Mailing Address 120 W Ross Blvd			M M / D D / Y Y Y Y
				06 26 2007
	City	State	Zip Code	Transaction ID: C315309
	Dodge City	KS	67801-2131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify) ▼	0 0	303.00	
C.	Full Name (Last, First, Middle Initial) Vanessa Kay Cook, MD			Date of Receipt
	Mailing Address 1509 Rural St			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Onda	05 07 2007
	City Emporia	State KS	Zip Code 66801-5545	Transaction ID: C296485
		NO	00001-0040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	-	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		365.00	
	IIRTOTAL of Receipts This Ress (antional)			1095.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number on	lv)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 162 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Stat	ements may	, J	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	s Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address Dept Of Family & Prev M 900 NE 10th St			01 24 7 2007
	Oklahoma City	State OK	Zip Code 73104-5420	Transaction ID: C261173  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	
3.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address Dept Of Family & Prev M 900 NE 10th St			02 21 7 2007
	City	State	Zip Code	Transaction ID: C272938
	Oklahoma City  FEC ID number of contributing federal political committee.	OK C	73104-5420	Amount of Each Receipt this Period  83.33
	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	499.98	
<b>)</b> .	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address Dept Of Family & Prev M 900 NE 10th St	ledicine		03 / 20 / 4 2007
	City	State	Zip Code	Transaction ID: C276980
	Oklahoma City	OK	73104-5420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 499.98	
S	JBTOTAL of Receipts This Page (optional)			249.99
т	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 25 / 162
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b	11c   12 15   16   17
۸۰	v information against from auch Departs and St	ntomonto mo	, not be cold or used by any parce	n for the purpose of policiti	
or	y information copied from such Reports and St for commercial purposes, other than using the	dress of any political committee to	solicit contributions from s	uch committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Family Physician	ns Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt	
	Mailing Address Dept Of Family & Prev 900 NE 10th St		7:a Cada	04 20	2007
	City  Claboro City	State OK	Zip Code	Transaction ID: C2	
	Oklahoma City	UK	73104-5420	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			83.33
	Name of Employer University of Oklahoma	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		499.98		
В.				Date of Receipt	
	Mailing Address Dept Of Family & Prev 900 NE 10th St	Medicine		05 / 21	2007
	City	State	Zip Code	Transaction ID: C2	
	Oklahoma City	OK	73104-5420	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			83.33
	Name of Employer University of Oklahoma	Occupation			
	·	Physiciar			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		499.98		
C.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt	
	Mailing Address Dept Of Family & Prev 900 NE 10th St	Medicine		06 / 19	2007
	City	State	Zip Code	Transaction ID: C3	00927
	Oklahoma City	OK	73104-5420	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			83.33
	Name of Employer University of Oklahoma	Occupation Physician			
Receipt For: Ag		Aggregate	e Year-to-Date ▼		
Primary General			499.98		
	Other (specify)	0 0	100.00		
s	UBTOTAL of Receipts This Page (optional)				249.99
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T	OTAL This Period (last page this line number of	nly)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 162
	EMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)  X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
	Full Name (Last, First, Middle Initial) Manuel O Crespo, DO			Date of Receipt
	Mailing Address 14575 S Bryant Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C296506
	Edmond	OK	73034-8139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Telita Crosland, MD			Date of Receipt
	Mailing Address CMR 415 Box 3189			04 14 2007
	City	State	Zip Code	Transaction ID: C280194
	APO	AE	09114-3100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer US Army	Occupation		
	Receipt For:	Physician	Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-date v	1
	Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Douglas W Curran, MD			Date of Receipt
	Mailing Address 117 Medical Cir			M M / D D / Y Y Y Y
	011	01-1	7'- 0-1-	04 05 2007
	City Athens	State TX	Zip Code 75751-9003	Transaction ID: C279756
			/3/31-9003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Lakeland Medical Accociat-	Occupation		
	es Receipt For:	Physician	Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼		365.00	
SI	JBTOTAL of Receipts This Page (optional)			1095.00
т/	This Period (last nage this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Harana and a shark late (s)	FOR LINE NUMBER: PAGE 27 / 162
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D. Price of	A . 1	
$\angle$	American Academy of Family Physician	ns Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
	Mailing Address 804 Huntington Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C272941
	Albany	NY	12203-6015	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		1000.00
	Name of Employer Prime Care Physicians	Occupation Physician		7
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		5000.00	
В.	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
	Mailing Address 804 Huntington Ct			03 20 2007
	City	State	Zip Code	Transaction ID: C277000
	Albany	NY	12203-6015	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Prime Care Physicians	Occupation		
		Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	5000.00	
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
٥.	Mailing Address 804 Huntington Ct			M M / D D / Y Y Y Y
	William St. 1995 Oct 1 Idillington Ot			04 20 2007
	City	State	Zip Code	Transaction ID: C295139
	Albany	NY	12203-6015	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Prime Care Physicians	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		5000.00	
_				
				2000 00
s	UBTOTAL of Receipts This Page (optional)			3000.00
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COUEDINE A /EEC Form OV)		[		FOR LINE NUMBER: PAGE 28 / 162	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Δr	y information copied from such Reports and Sta	atemente mav	not be sold or used by any perso		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Academy of Family Physician	ns Political	Action Committee		
	7 mendan 7 dademy of 1 aniny 1 mysicial	is i dilloai i	Action Committee		
	Full Name (Last, First, Middle Initial)				
A.	Jose M David, MD			Date of Receipt	
	Mailing Address 804 Huntington Ct			M M / D D / Y Y Y Y	
				05 22 2007	
	City	State	Zip Code	Transaction ID: C298418	
	Albany	NY	12203-6015	Amount of Each Receipt this Period	
	FEC ID number of contributing			1000.00	
	federal political committee.	C		1000.00	
	Name of Canalassas	0		_	
	Name of Employer Prime Care Physicians	Occupation Physician			
	Receipt For:		Year-to-Date ▼	_	
	Primary General	Aggregate	real-lo-Date V		
	Other (specify)		5000.00		
	Cure (epocis) 🔻			1	
_	Full Name (Last, First, Middle Initial)				
В.	Jose M David, MD			Date of Receipt	
	Mailing Address 804 Huntington Ct	M M / D D / Y Y Y Y			
			06 19 2007		
	City	State	Zip Code	Transaction ID: C301328	
	Albany	NY	12203-6015	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		1000.00	
	federal political committee.	<u> </u>		1000.00	
	Name of Employer	Occupation	1	-	
	Name of Employer Prime Care Physicians	Physician			
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		5000.00		
_	Full Name (Last, First, Middle Initial)			Data of Descript	
C.	Paul W Davis, MD  Mailing Address 9801 Homestead Trl			Date of Receipt	
	Mailing Address 9801 Homestead Trl			05 09 2007	
	City	State	Zip Code	Transaction ID: C297085	
	Anchorage	AK	99507-6765	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		500.00	
	Name of Employer US PHS	Occupation			
		Physician		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	500.00		
	Caror (opcony) 🔻	0 0	1 1 1 1 1 1 1	1	
_	UBTOTAL of Receipts This Page (optional)			2500.00	
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Academy of Family Physicians Full Name (Last, First, Middle Initial)	e and address of any political committee to	(check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions solicit contributions from such committee.  Date of Receipt
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  American Academy of Family Physicians F  Full Name (Last, First, Middle Initial)	Detailed Summary Page  lents may not be sold or used by any persole and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  American Academy of Family Physicians F  Full Name (Last, First, Middle Initial)	nents may not be sold or used by any perso e and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  American Academy of Family Physicians F  Full Name (Last, First, Middle Initial)	e and address of any political committee to	solicit contributions from such committee.
American Academy of Family Physicians F  Full Name (Last, First, Middle Initial)	Political Action Committee	Date of Receipt
Full Name (Last, First, Middle Initial)	Political Action Committee	Date of Receipt
		Date of Receipt
R Wesley Dean, Jr		
Mailing Address Emory Family Practice 201 E Emory Rd		05 01 7 2007
City	State Zip Code	Transaction ID: C295902
Powell	TN 37849-4016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Solf Employed	ccupation hysician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	365.00	
Other (specify) ▼	303.00	
Full Name (Last, First, Middle Initial) Thomas M Dean, MD		Date of Receipt
Mailing Address Jerauld County Clinic 602 1st St NE		03 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C276495
Wessington Springs	SD 57382-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Harizon Haalth Yara	ccupation hysician	
Receipt For:	aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial)  James Joseph Dearing, DO		Date of Receipt
Mailing Address 750 E Thunderbird Rd Ste Ste 1		03 / 27 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C278383
Phoenix	AZ 85022-5306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Solf Employed	ccupation hysician	
	Aggregate Year-to-Date ▼	7
Primary General	500.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1115.00
TOTAL This Period (last page this line number only)		

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 30 / 162
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atamante mav	not be sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) George P Dempsey, MD			Date of Receipt
	Mailing Address 200 Pantigo PI Ste 1	05 01 YYYY 2007		
	City	State	Zip Code	Transaction ID: C295883
	East Hampton	NY	11937-5920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Gretchen M Dickson, MD			Date of Receipt
	Mailing Address 609 NE Tudor Rd Apt 2	M M / D D / Y Y Y Y		
	Apt 2	04 23 2007		
	City	State	Zip Code	Transaction ID: C295420
	Lees Summit	<u>MO</u>	64086-5751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	rederal political committee.			
	Name of Employer University of Missouri	Occupation		
		Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	, ,	365.00	]
	Other (specify)		1 1 1 1 1 1 1	J.
<u> </u>	Full Name (Last, First, Middle Initial) Jorge Duchicela, MD			Date of Receipt
	Mailing Address 402 Youens Dr			M M / D D / Y Y Y Y
				04 10 2007
	City	State	Zip Code	Transaction ID: C280094
	Weimar	TX	78962-9561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Youens & Duchicela Clinic	Occupation MD	١	7
	Receipt For:		Year-to-Date ▼	7
	Primary General	35 0 11		1
	Other (specify)		2500.00	
s	UBTOTAL of Receipts This Page (optional)			3230.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 162 (check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) William Andrew Eason, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr			$ \begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix} $
	City	State	Zip Code	Transaction ID: C278871
	Selmer	TN	38375-1864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Prime Care Medical Center	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
— В.	Full Name (Last, First, Middle Initial) David C Eitrheim, MD			Date of Receipt
	Mailing Address 2211 Stout Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C300775
	Menomonie	WI	54751-7004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Red Cedar Medical Center -	Occupation		
	Mayo Health	Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) David Alan Ellington, MD			Date of Receipt
	Mailing Address 146 S Main St			05 08 2007
	City	State	Zip Code	Transaction ID: C296967
	Lexington	VA	24450-2356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)		303.00	
s	UBTOTAL of Receipts This Page (optional)			1095.00

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

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 162 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political A	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Cathy Sumiko Endo, MD			Date of Receipt
	Mailing Address Student Health Center MS 196			02 / 03 / 4 9 9
	City	State NV	Zip Code	Transaction ID: C262348
	Reno FEC ID number of contributing federal political committee.	C	89557-0001	Amount of Each Receipt this Period  365.00
	Name of Employer University of Nevada, Reno	Occupation Physician	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Ted Dee Epperly, MD			Date of Receipt
	Mailing Address 777 N Raymond St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Boise	State ID	Zip Code 83704-9251	Transaction ID: C276258
	FEC ID number of contributing federal political committee.	C	03704-9231	Amount of Each Receipt this Period  500.00
	Name of Employer Family Medicine Residency of Ohio	Occupation Physician	<u> </u>	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Roxanne Fahrenwald, MD			Date of Receipt
	Mailing Address Ste B 123 S 27th St			06 28 7 2007
	City Billings	State MT	Zip Code 59101-4200	Transaction ID: C315389  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33101 4250	1000.00
	Name of Employer Montana Family Medicine Residency/YCCH	Occupation Resident	ı Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 162	
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Carol J Featherstone, MD			Date of Receipt
	Mailing Address 4732 Utah Ave N	02 / 05 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C262371
	New Hope	MN	55428-4522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Park Nicollet Clinic	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Bradley J Fedderly, MD			Date of Receipt
	Mailing Address 7901 N Mohawk Rd	0 2 0 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: C262364
	Milwaukee	WI	53217-3125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Wheaton Franciscan Medical Group	Occupation Family P		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD			Date of Receipt
	Mailing Address 1043 Sir James Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C261175
	Dyersburg	TN	38024-7344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Family Care, PC	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1 I
	Other (specify) ▼		600.00	]
٩	UBTOTAL of Receipts This Page (optional)			1500.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 162	
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial)  Doreen E Feldhouse, MD	Date of Receipt		
	Mailing Address 1043 Sir James Ave	02 21 2007		
	City	State	Zip Code	Transaction ID: C272942
	Dyersburg	TN	38024-7344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Family Care, PC	Occupation Physician		7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	600.00	
В.	Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD	Date of Receipt		
	Mailing Address 1043 Sir James Ave		03 20 2007	
	City	State	Zip Code	Transaction ID: C277017
	Dyersburg	TN	38024-7344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Family Care, PC	Occupation Physician		7
	Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼	0 0	600.00	
<u> </u>	Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD			Date of Receipt
	Mailing Address 1043 Sir James Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C295140
	Dyersburg	TN	38024-7344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Family Care, PC	Occupation Physician		7
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)			300.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		E 35 / 162
ITEMIZED RECEIPTS			or each category of the	(check only one)	_
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such cor	nmittee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Family Physicia	ns Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD			Date of Receipt	
	Mailing Address 1043 Sir James Ave	Chaha	7'a Cada	05 21	2007
	City	State TN	Zip Code	Transaction ID: C298408	D. d. d
	Dyersburg	IIN	38024-7344	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer Family Care, PC	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		600.00		
	Other (specify)	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD			Date of Receipt	
	Mailing Address 1043 Sir James Ave			0 6 2 1 Y	2007
	City State		Zip Code	Transaction ID: C301348	
	Dyersburg	TN	38024-7344	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer Family Care, PC	Occupation Physician		7	
	Receipt For:		Year-to-Date ▼		
	Primary General				
	Other (specify) ▼	0 0	600.00		
C.	Full Name (Last, First, Middle Initial) Larry Stephens Fields, MD			Date of Receipt	
	Mailing Address Family Medicine Cente PO Box 987	r PLLC		03 / 03 / Y	2007
	City	State	Zip Code	Transaction ID: C273728	
	Flatwoods	KY	41139-0987	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Family Medicine Center PL- LC	Occupation Physician			
	Receipt For:		Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) ▼	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optional)		1200.00		
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т	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 162
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Wanda D Filer, MD			Date of Receipt
	Mailing Address 510 Aqua Ct			01 23 7 2007
	City	State	Zip Code	Transaction ID: C261150
	York	PA	17403-3623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Stratogia Haalth Institute	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
3.	Full Name (Last, First, Middle Initial) Wanda D Filer, MD	Date of Receipt		
	Mailing Address 510 Aqua Ct	05 15 2007		
	City	State	Zip Code	Transaction ID: C298121
	York	PA	17403-3623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4500.00
	Stratogic Hoolth Inctitute	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		5000.00	
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Ruth Fischer-Wright, MD			Date of Receipt
	Mailing Address Providence Med Group M 4015 Mercantile Dr Ste 20			05 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C297358
	Lake Oswego	OR	97035-2552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Providence Medical Group	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			5365.00
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T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 162
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			, 3	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Lynn R Fisher, MD			Date of Receipt
	Mailing Address 300 S Colorado St			06 26 7 2007
	City	State	Zip Code	Transaction ID: C315330
	Plainville	KS	67663-2505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Lifeline Family Medicine	Occupation Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Michael O Fleming, MD			Date of Receipt
	Mailing Address 556 Dunmoreland Dr	01 03 2007		
	City	State	Zip Code	Transaction ID: C259898
	Shreveport	LA	71106-6125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Antidote Education Company	Occupation	n edical Editor	7
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	Teal-10-Date	
	Other (specify) ▼	0 0	5000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Walter F Fletcher, MD			Date of Receipt
	Mailing Address 55 Lizzie Dee Ln			0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C272580
	Lexington	TN	38351-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Physician		7
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		1000.00	]
s	UBTOTAL of Receipts This Page (optional)			6365.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 162
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicians P	olitical	Action Committee	
A.	Full Name (Last, First, Middle Initial) Conrad Lloyd Flick, MD			Date of Receipt
	Mailing Address 103 Greenway Overlook	01 23 7 2007		
		State	Zip Code	Transaction ID: C273017
	Cary	NC	27511-9053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Family Medical Associates	ccupation hysiciar		
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Joseph A Florence, MD			Date of Receipt
	Mailing Address ETSU Dept of Fam Med PO Box 70621	02 09 2007		
	•	State	Zip Code	Transaction ID: C263101
	Johnson City	TN	37614-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Fact Tannacicaó Stata Univ	ccupation hysiciar		
	Receipt For:	ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Beth Anne Fox, MD			Date of Receipt
	Mailing Address PO Box 1445			04 22 2007
	,	State	Zip Code	Transaction ID: C295397
	Kingsport	<u>TN</u>	37662-1445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	ETSU Dept of Family Medic- ine As		Professor	
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00
Т	OTAL This Period (last page this line number only).		<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 162
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physician	ns Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Leonard Michael Fromer, MD			Date of Receipt
	Mailing Address 15525 Hamner Dr			02 12 2007
	City	State	Zip Code	Transaction ID: C263205
	Los Angeles	CA	90077-1804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Richard M Fruehling, MD			Date of Receipt
	Mailing Address Suite 400 2116 W Faidley Ave			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C295130
	Grand Island	NE	68803-4696	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Family Practice of Grand Island	Occupation Family P		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
 C.	Full Name (Last, First, Middle Initial) Armand V Gallanosa, MD			Date of Receipt
	Mailing Address 3113 Broadway St			04 23 2007
	City	State	Zip Code	Transaction ID: C295421
	Anderson	IN	46012-1261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Preferred Medical Managem- ent	Occupation Physician	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			1095.00
т.	OTAL This Period (last page this line number o	nlv)		
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 162
ITEMIZED RECEIPTS		or each category of the	(check only one)	
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				13 14 15 16 17
or	y information copied from such Reports and Sta or commercial purposes, other than using the n	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	ns Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Carolyn N Gaughan, CAE			Date of Receipt
	Mailing Address E Dir KS AFP Bldg 1046 7570 W 21st St N 1046			02 12 2007
	City	State	Zip Code	Transaction ID: C263186
	Wichita	KS	67205-1734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kansas Academy of Family Physicians	Occupation Chapter I		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify)	0 0	365.00	
	Full Name (Last, First, Middle Initial) Carolyn N Gaughan, CAE			Date of Receipt
	Mailing Address E Dir KS AFP Bldg 1046 - C			M M / D D / Y Y Y Y
	7570 W 21st St N 10460		7. 0.	06 26 2007
	City	State	Zip Code	Transaction ID: C315306
	Wichita	KS	67205-1734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		265.00
	Name of Employer Kansas Academy of Family	Occupation		
	Physicians	Chapter I		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) James M Gill, MD			Date of Receipt
	Mailing Address 17 Henderson Hill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C298334
	Newark	DE	19711-5958	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Delaware Valley Outcomes	Occupation	1	7
	Delaware Valley Outcomes Research, LLC	Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
SI	JBTOTAL of Receipts This Page (optional)			865.00
	OTAL This Period (last page this line number o			

SCHEDULE A (FEC Form 3X)			Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 41 / 162
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
	Mailing Address 1600 Providence Dr	2	7: 0 1	02 15 2007
	City	State	Zip Code	Transaction ID: C272581
	Waco	TX	76707-2261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		92.73
	Name of Employer Family Practice Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		463.65	1
	Other (specify)	0 0	403.03	
В.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
Ь.	Mailing Address 1600 Providence Dr			M M / D D / Y Y Y Y
	Maining Address 1000 F10VIdence Di			03 20 2007
	City	State	Zip Code	Transaction ID: C277023
	Waco	TX	76707-2261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		92.73
	Name of Employer Family Practice Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	463.65	1
	Other (specify)	0 0	403.03	
C.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
C.	Mailing Address 1600 Providence Dr			M M / D D / Y Y Y Y
	Maining Address 1600 Flovidence Di			04 20 2007
	City	State	Zip Code	Transaction ID: C295141
	Waco	TX	76707-2261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		92.73
	Name of Employer Family Practice Center	Occupation Physician		
	Receipt For:	·	Year-to-Date ▼	
	Primary General		400.05	1
	Other (specify)	0 0	463.65	1
S	UBTOTAL of Receipts This Page (optional)			278.19
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 162	
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
	Mailing Address 1600 Providence Dr			05 21 2007
	City	State	Zip Code	Transaction ID: C298409
	Waco	TX	76707-2261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		92.73
	Name of Employer Family Practice Center	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		463.65	
				1
В.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
	Mailing Address 1600 Providence Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C301350
	Waco	TX	76707-2261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		92.73
	Name of Employer Family Practice Center	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		463.65	
<u> </u>	Full Name (Last, First, Middle Initial) Minda J Gold, MD			Date of Receipt
	Mailing Address 71 Lessner Rd			05 07 2007
	City	State	Zip Code	Transaction ID: C296502
	Damariscotta	ME	04543-4118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		1
			Year-to-Date <b>V</b>	
	Primary General	Ayyreyale	Toal-to-Date ▼	1
	Other (specify)		365.00	
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。	UBTOTAL of Receipts This Page (optional)			550.46
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 43 / 162	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —	
THE MILES HE SEN TO			Detailed Summary Page	X 11a 11b	11c   12	
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Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.	
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,			
$  \rangle$	American Academy of Family Physicia	ns Political	Action Committee			
	7 interreduct / loaderny et i army i myerera	ino i ontioui	rionon committee			
_	Full Name (Last, First, Middle Initial)					
Α.	Michael Edward Grady, MD			Date of Receipt		
	Mailing Address 220 Tillicum Dr			0 4 D D D D D D D D D D D D D D D D D D	2007	
	City	State	Zip Code	Transaction ID: C2		
	Silverton	OR	97381-1886	Amount of Each Red		
			07001 1000	Amount of Each flee	<del></del>	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Silverton Hospital	Occupation				
		physician				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)		250.00			
		0 0	0 0 0 0 0 0 0	1		
_	Full Name (Last, First, Middle Initial)					
В.	Robert Graham, MD			Date of Receipt		
	Mailing Address 1135 Fort View PI			M M / D D	/ Y Y Y Y Y	
	011	01-1-	7'- 0-4-	05 15	2007	
	City State		Zip Code	Transaction ID: C298171		
	Cincinnati	OH	45202-1713	Amount of Each Red	eipt this Period	
	FEC ID number of contributing federal political committee.	C			365.00	
	rederal political committee.					
	Name of Employer University of Cinnicinatti	Occupation				
		Physiciar				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		365.00			
	Other (specify)		1 1 1 1 1 1 1			
_	Full Name (Last, First, Middle Initial)					
C.	Marin Catherine Granholm, MD			Date of Receipt		
	Mailing Address PO Box 3422			M M / D D	/ Y Y Y Y	
				02 06	2007	
	City	State	Zip Code	Transaction ID: C2		
	Bethel	AK	99559-3422	Amount of Each Red	eipt this Period	
	FEC ID number of contributing	C			365.00	
federal political committee.						
	Name of Employer	Occupation	n	7		
YKHC		Physiciar	ı			
	Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼			365.00			
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,	UBTOTAL of Receipts This Page (optional)				980.00	
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 44 / 162		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.	
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111			
$  \rangle$	American Academy of Family Physician	ns Political	Action Committee			
	7 mondan / loadeniny er i anniny i myelelal	io i ciiticai	notion Committee			
_	Full Name (Last, First, Middle Initial)					
Α.	Thomas David Greer, MD			Date of Receipt		
	Mailing Address PO Box 360			0 4	2007	
	City	State	Zip Code	Transaction ID: C2		
	Henrietta	TX	76365-0360	Amount of Each Red		
			7 0000 0000	Amount of Laciffie	· · · · · ·	
	FEC ID number of contributing federal political committee.	C			365.00	
	Name of Employer T. David Greer and Associ-	Occupation				
	ates	Physician				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		730.00			
		0 0		1		
_	Full Name (Last, First, Middle Initial)					
В.	Thomas David Greer, MD			Date of Receipt		
	Mailing Address PO Box 360			M M / D D	/ Y Y Y Y	
	Cit.	01-1-	7in Oada	06 26	2007	
	City State		Zip Code	Transaction ID: C315305		
	<u>Henrietta</u>	TX	76365-0360	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			365.00	
	Name of Employer T. David Greer and Associ-	Occupation				
	ates	Physiciar				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	730.00			
	United (Specify)	0 0		J.		
_	Full Name (Last, First, Middle Initial)					
C.	Anne Griffiths, MD			Date of Receipt		
	Mailing Address N903 County Rd N			M M / D D	7 7 7 7 7	
	011	01-1-	7'- OI-	06 15	2007	
	City	State	Zip Code	Transaction ID: C3		
	Whitewater	WI	53190-2847	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			365.00	
	rederal political committee.					
	Name of Employer Dean St. Mary's	Occupation				
Pny		Physiciar				
Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Da			Year-to-Date ▼	. [		
			365.00			
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s	UBTOTAL of Receipts This Page (optional)		1095.00			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 45 / 162	
ITEMIZED RECEIPTS		or each category of the	(check only one)	. —	
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Family Physicial	ns Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Douglas J Gruenbacher, MD			Date of Receipt	
	Mailing Address 501 Garfield PO Box 510  City	State	Zip Code	06 26	2007
	Quinter	KS	67752-0510	Transaction ID: C3  Amount of Each Re	
			07732-0310	Amount of Each Ne	<del> </del>
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Bluestem Medical	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Jeffrey D Harrison, MD			Date of Receipt	
	Mailing Address Univ of NE Medical Center 983075 Nebraska Medical Ctr			02 / 12	2007
	City	State	Zip Code	Transaction ID: C2	263209
	<u>Omaha</u>	NE	68198-3075	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer University of Nebraska	Occupation Physician			
	Receipt For:	<u> </u>	Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
_	Full Name (Last, First, Middle Initial)			Data of Decision	
C.	Michael H Hartsell, MD  Mailing Address 314 Tusculum Blvd			Date of Receipt	/ <b>Y Y Y Y</b>
	Widning Address 514 TuScululli Biva			01 09	2007
	City	State	Zip Code	Transaction ID: C2	260081
	Greeneville	TN	37745-3926	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self-Employed	Occupation family ph			
	Receipt For:		Year-to-Date ▼		
Primary General			E00.00	1	
	Other (specify) ▼	500.00			
s	UBTOTAL of Receipts This Page (optional)				1365.00
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T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 162
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Any or f	r information copied from such Reports and State or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
_	Full Name (Last, First, Middle Initial) Rick Lee Hartwell, MD			Date of Receipt
	Mailing Address 1821 W Harborlight St			06 26 7 2007
	City	State	Zip Code	Transaction ID: C315310
	Wichita	KS	67204-2574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Retired	Occupation Voluntee	n r Hospice Physician	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial)			Date of Reseigt
	Deborah Gene Haynes, MD  Mailing Address 3009 N Cypress Dr			Date of Receipt    M M
	City	State	Zip Code	Transaction ID: C315317
	Wichita	KS	67226-4003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Via Christi Reg. Med. Ctr.	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Lori J Heim, MD			Date of Receipt
	Mailing Address 250 Hollybrook Farm Ln			02 28 7 2007
	City	State	Zip Code	Transaction ID: C273140
	Vass	NC	28394-8952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
•	Name of Employer USAF	Occupation physician		
Receipt For: Aggregat		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
SL	JBTOTAL of Receipts This Page (optional)	2365.00		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 162	
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
	Mailing Address 1305 W 18th St PO Box 5039			03 / 14 / 2007
	City	State	Zip Code	Transaction ID: C276489
	Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sioux Valley Health Syste- ms	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		0000	1
	Other (specify)		2000.00	
В.	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
	Mailing Address 1305 W 18th St PO Box 5039	04 20 7 2007		
	City	State	Zip Code	Transaction ID: C295142
	Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sioux Valley Health Syste- ms	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	2000.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
	Mailing Address 1305 W 18th St PO Box 5039			05 21 2007
	City	State	Zip Code	Transaction ID: C298410
	Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sioux Valley Health Syste- ms	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		2000.00	]
s	UBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X)			Harana and a shark late (s)	FOR LINE NUMBER: PAGE 48 / 162
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and ado	not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
	Mailing Address 1305 W 18th St PO Box 5039			06 21 7 2007
	City	State	Zip Code	Transaction ID: C301351
	Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sioux Valley Health Syste-	Occupation Physician		7
	ms Receipt For:	-	Year-to-Date ▼	+
	Primary General	33 -3		1
	Other (specify) ▼	0 0	2000.00	
В.	Full Name (Last, First, Middle Initial) Douglas E Henley, MD			Date of Receipt
	Mailing Address 11400 Tomahawk Creek	k Pkwy		01 10 2007
	City	State	Zip Code	Transaction ID: C260111
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer American Academy of Family	Occupation Family Pl		
	Physicians Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
— С.	Full Name (Last, First, Middle Initial) Joseph Shelby Hensley, MD			Date of Receipt
	Mailing Address 855 Summertown Hwy			05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C295891
	Hohenwald	TN	38462-5707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	1	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 49 / 162	
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicia	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Andrea M Herman, MD			Date of Receipt
	Mailing Address 1616 N 58th St			04 27 2007
	City	State	Zip Code	Transaction ID: C295761
	Omaha	NE	68104-4822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	_
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	Other (specify) ▼		500.00	
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В.	Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD			Date of Receipt
	Mailing Address 3258 N Monroe St			M M / D D / Y Y Y Y
				03 14 2007
	City	State	Zip Code	Transaction ID: C276537
	Tallahassee	FL	32303-2822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Patients First North, P.A.	Occupation Physician		
	Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	r rear-to-bate V	1
	Other (specify) ▼		1500.00	
C.	Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD			Date of Receipt
	Mailing Address 3258 N Monroe St			05 29 2007
	City	State	Zip Code	Transaction ID: C298891
	<u>Tallahassee</u>	FL	32303-2822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Patients First North, P.A.	Occupation Physician		
			Year-to-Date ▼	
	Primary General		450000	1
	Other (specify) ▼		1500.00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 162
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Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\vdash$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physicians	Political	Action Committee	
_	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
	Mailing Address 3258 N Monroe St			06 21 2007
	City	State	Zip Code	Transaction ID: C301353
	Tallahassee	FL	32303-2822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Patients First North, P.A.	Occupation Physician		7
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	1500.00	]
В.	Full Name (Last, First, Middle Initial) Marcus T Higi, MD			Date of Receipt
	Mailing Address 1423 E Main St # 119	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C295758
	Cortez	CO	81321-2931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
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	Name of Employer Self Employed	Occupation		
		Physician		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Michael J Hodulik, MD			Date of Receipt
	Mailing Address 380 9th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C279747
	Florence	OR	97439-0106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PeaceHealth-Siuslaw	Occupation Physican		7
	Receipt For:		e Year-to-Date ▼	
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	UDTOTAL of Descripto This Description II			1365.00
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atamante may	not be sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Academy of Family Physician	ne Political	Action Committee	
	American Academy of Family Frigsicial	is i dillical	Action Committee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	David J Hoelting, MD			Date of Receipt
	Mailing Address 100 ValleyView Dr			M M / D D / Y Y Y Y
	P.O. Box 283			05 09 2007
	City	State	Zip Code	Transaction ID: C297095
	Pender	NE	68047-0609	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Mercy Medical Clinic	Occupation		
		Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	11
	Other (specify)		730.00	
ь	Full Name (Last, First, Middle Initial)			Data of Danasiat
В.	David J Hoelting, MD			Date of Receipt
	Mailing Address 100 ValleyView Dr P.O. Box 283			06 19 2007
	City	State	Zip Code	
	•		•	Transaction ID: C300939
	Pender	NE	68047-0609	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Mercy Medical Clinic	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼	1	750.00	
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	Full Name (Last, First, Middle Initial)			
C.	David Martin Hoffmann, MD			Date of Receipt
	Mailing Address W7876 County Road O			M M / D D / Y Y Y Y
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	City	State	Zip Code	Transaction ID: C295425
	Mauston	WI	53948-9328	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			555.55
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Self Employed	Physician		
	Receipt For:		Year-to-Date ▼	$\dashv$
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SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 52 / 162
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) James David Holt, MD			Date of Receipt
	Mailing Address 10 Flamingo Ct			05 07 2007
	City	State	Zip Code	Transaction ID: C296533
	Johnson City	TN	37601-1013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer ETSU	Occupation Physician		
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	riggrogato	real to Bate V	1
	Other (specify)		365.00	
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В.	Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD			Date of Receipt
	Mailing Address 402 May St			M M / D D / Y Y Y Y
				01 24 2007
	City	State	Zip Code	Transaction ID: C261176
	Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupation	<u> </u>	_
	Self-Employed	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify)		240.00	
	Full Name (Last, First, Middle Initial)			
C.	Mary Marcella Huff, MD			Date of Receipt
	Mailing Address 402 May St			02 21 2007
	City	State	Zip Code	Transaction ID: C272943
	Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		40.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	040.00	1
	Other (specify) ▼		240.00	
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				445.00
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 162	
	•		Use separate schedule(s) or each category of the	(check only one)
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD			Date of Receipt
	Mailing Address 402 May St			03 20 2007
	City	State	Zip Code	Transaction ID: C277069
	Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	$\dashv$
	Primary General	1 33. 13		1
	Other (specify)		240.00	
				4
В.	Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD			Date of Receipt
	Mailing Address 402 May St			M M / D D / Y Y Y Y
				04 20 2007
	City	State	Zip Code	Transaction ID: C295144
	Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Self-Employed	Occupation	1	_
	Self-Employed *	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		0.10.00	1
	Other (specify)		240.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD			Date of Receipt
٠.	Mailing Address 402 May St			M M / D D / Y Y Y Y
				05 22 2007
	City	State	Zip Code	Transaction ID: C298419
	Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		40.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify)		240.00	
	UBTOTAL of Receipts This Page (optional)			120.00
$\vdash$				-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 162
TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicia	ıns Political	Action Committee	
Full Name (Last, First, Middle Initial)  A. Mary Marcella Huff, MD			Date of Receipt
Mailing Address 402 May St			06 22 7 2007
City	State	Zip Code	Transaction ID: C301386
Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	
Curior (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  3. Mohammed Imteyaz Hussain, MD			Date of Receipt
Mailing Address 4201 99th Ave N			M M / D D / Y Y Y Y
City	State	Zip Code	04 25 2007
Brooklyn Park	MN	55443-1830	Transaction ID: C295548  Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1	
federal political committee.	C		365.00
Name of Employer Self-employed	Occupation		
Receipt For:	Physician Aggregate	ri e Year-to-Date ▼	4
Primary General	7 tggrogato		1
Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial)  Jennifer Hyer			Date of Receipt
Mailing Address 25200 NW Saint Helen Slip 31			03 / 07 / 4 2007
City	State	Zip Code	Transaction ID: C275144
Portland	OR	97231-1751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer OHSU	Occupation Medical S		
Receipt For:	Aggregate	e Year-to-Date ▼	. [
Primary General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (optional)			770.00

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 55 / 162
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	temente may	y not be sold or used by any ners	
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Richard Douglas Iliff, MD			Date of Receipt
	Mailing Address 2201 NE 31st St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C315331
	Topeka	KS	66617-3549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer RD Iliff MD PA	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	7
	Primary General		205.00	1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD			Date of Receipt
	Mailing Address 1020 Gulf Breeze Pkwy	M M / D D / Y Y Y Y		
	Oth.	01-1-	7:- Oada	01 24 2007
	City	State	Zip Code	Transaction ID: C261177
	Gulf Breeze	<u>FL</u>	32561-4838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	1	┥
	Name of Employer Gulf Coast Physician Part- ners	Physician		
	Receipt For:	Aggregate	Year-to-Date V	7
	Primary General		000.00	1
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD			Date of Receipt
	Mailing Address 1020 Gulf Breeze Pkwy			0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C272944
	Gulf Breeze	<u>FL</u>	32561-4838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Gulf Coast Physician Part-	Occupation		7
	ners	Physician		$\dashv$
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	300.00	
	□ Other (Speelly) ♥			
_	LIDTOTAL of Descripto This Descriptor II			565.00
L	UBTOTAL of Receipts This Page (optional)		······	-
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 162 (check only one)    X
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Physician			
Α.	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD			Date of Receipt
	Mailing Address 1020 Gulf Breeze Pkwy			03 20 2007
	City Gulf Breeze	State FL	Zip Code 32561-4838	Transaction ID: C277095  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Gulf Coast Physician Part- ners Receipt For: Primary General	Occupation Physician Aggregate		1
В.	Other (specify) ▼  Full Name (Last, First, Middle Initial) Rebecca Jaffe, MD  Mailing Address Suite 300	0 0	500.00	Date of Receipt
	3105 Limestone Rd	State	Zip Code	0 6 1 1 2 0 0 7  Transaction ID: C299908
	Wilmington	DE	19808-2147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Paul Arthur James, MD			Date of Receipt
	Mailing Address 01286-D PFP 200 Hawkins Dr	01-1-	7'. O. I.	04 / 11 / 2007
	City Iowa City	State IA	Zip Code 52242-1009	Transaction ID: C280112  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	SEL-12 1000	365.00
	Name of Employer University of Iowa	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	.
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			965.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 57 / 162
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Academy of Family Physician	ns Political	Action Committee	_
A.	Full Name (Last, First, Middle Initial) Sandra Lee Johnson, MD			Date of Receipt
	Mailing Address 610 30th Ave W			04 25 2007
	City	State	Zip Code	Transaction ID: C295556
	Alexandria	MN	56308-3426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Alexandria Clinic	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Michelle F Jones, MD			Date of Receipt
	Mailing Address 111 Coastal Bluffs Ct			M M / D D / Y Y Y Y
				05 07 2007
	City	State	Zip Code	Transaction ID: C296499
	<u>Hampstead</u>	NC	28443-8463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer	Occupation	`	_
	Name of Employer Wilmington Health Assocs.	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	1.99.19		1
	Other (specify) ▼	1	375.00	
_	Full Name (Last, First, Middle Initial)			
C.	Samuel M Jones, MD			Date of Receipt
	Mailing Address 10145 Community Ln			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C261158
	Fairfax Station	VA	22039-2530	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer VCU-Fairfax Family Practi- ce	Occupation Physician		
			Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
				1010.00
s	UBTOTAL of Receipts This Page (optional)			1240.00
$\vdash$				

SCHEDULE A (FEC Form 3X)		llos senerete sebedule(s)	FOR LINE NUMBER: PAGE 58 / 162	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Larry H Kagan, MD			Date of Receipt
	Mailing Address 5249 Rolleston Dr			05 29 2007
	City	State	Zip Code	Transaction ID: C298882
	Virginia Beach	VA	23464-2542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Indian River Family Pract-	Occupation Physiciar		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.				Date of Receipt
	Mailing Address 11400 Tomahawk Creek	02 12 2007		
	City	State	Zip Code	Transaction ID: C263215
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer AAFP	Occupation Physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Carla Lee Kakutani, MD			Date of Receipt
	Mailing Address 438 Abbey St			05 / 01 / 2007
	City	State	Zip Code	Transaction ID: C295884
	Winters	CA	95694-1837	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Occupation Sutter West Medical Group Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00
	OTAL This Period (last page this line number only	<i>(</i> )		

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 162
ITEMIZED RECEIPTS	or each category of the	(check only one)
II LIMIZED ALCEIP 13	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Family Physicia	ans Political Action Committee	
Full Name (Last, First, Middle Initial)  Vincent D Keenan, CAE		Date of Receipt
Mailing Address 4756 Main St		04 18 2007
City	State Zip Code	Transaction ID: C294353
Lisle	IL 60532-1724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Illinois Academy of Family	Occupation Association Exec.	7
Physicians Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General	Aggregate real-to-Date •	1
Other (specify)	500.00	
outsit (opesity) 🔻	0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  3. Vincent D Keenan, CAE		Date of Receipt
Mailing Address 4756 Main St		M M / D D / Y Y Y Y
	05 02 2007	
City	State Zip Code	Transaction ID: C296352
<u>Lisle</u>	IL 60532-1724	Amount of Each Receipt this Period
FEC ID number of contributing		105.00
federal political committee.	C	125.00
Name of Employer Illinois Academy of Family	Occupation	
Physicians	Association Exec.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)		
Full Name (Last, First, Middle Initial)		
Vincent D Keenan, CAE		Date of Receipt
Mailing Address 4756 Main St		05 22 7 2007
City	State Zip Code	Transaction ID: C298420
Lisle	IL 60532-1724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	7
Illinois Academy of Family Physicians	Association Exec.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
		1
		275.00
SUBTOTAL of Receipts This Page (optional)	······	375.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 162
TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may i ame and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians	s Political A	Action Committee	_
Full Name (Last, First, Middle Initial)  A. Vincent D Keenan, CAE			Date of Receipt
Mailing Address 4756 Main St  City	State	Zip Code	06 22 7 2007
Lisle	IL	60532-1724	Transaction ID: C301388  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Illinois Academy of Family Physicians	Occupation Associatio		
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Rick Kellerman, MD			Date of Receipt
Mailing Address Dept of Family Medicine 1010 N Kansas St			01 31 7 2007
City Wichita	State KS	Zip Code 67214-3124	Transaction ID: C262241
FEC ID number of contributing		07214-3124	Amount of Each Receipt this Period
federal political committee.	C		1000.00
Name of Employer Kansas University School	Occupation Physician		
of Medicine Receipt For:		Year-to-Date ▼	-
Primary General	00 0		
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial)  2. James Darrel King, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			0 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C259935
Selmer	TN	38375-1864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: Primary General	Aggregate `	Year-to-Date ▼	
Other (specify)		5000.00	
SUBTOTAL of Receipts This Page (optional)			6125.00
TOTAL This Period (last page this line number on	nly)	<b>.</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 162	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δr	ry information copied from such Reports and State	mente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Academy of Family Physicians	Political .	Action Committee	
$\angle$				
Α.	Full Name (Last, First, Middle Initial) Larry W Kipe, MD			Date of Receipt
Α.	Mailing Address 600 Russell St			M M / D D / Y Y Y Y
	Walling Address 800 Russell St			04 10 2007
	City	State	Zip Code	Transaction ID: C280093
	Craig	CO	81625-2018	Amount of Each Receipt this Period
	FEC ID number of contributing			205.00
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		7
		Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	365.00	
	Cities (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			Date of Descript
В.				Date of Receipt
	Mailing Address 3009 N Cypress Dr			04 14 2007
	City	State	Zip Code	Transaction ID: C280193
	Wichita	KS	67226-4003	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	_
	Preferred Medical Associa-	Physiciar		
	tes   Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
_				-
_	Full Name (Last, First, Middle Initial) Donald R Klitgaard, MD			Date of Receipt
Ο.	Mailing Address 1220 Chatburn Ave			M M / D D / Y Y Y Y
				05 08 2007
	City	State	Zip Code	Transaction ID: C296972
	<u>Harlan</u>	IA	51537-2009	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Shelby County Health Systems	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	400.00	
	Other (specify)		+00.00	
Г	<u>l</u>			1
s	UBTOTAL of Receipts This Page (optional)			815.00
H	. 3 (1 7			
т	OTAL This Period (last page this line number only	y)		

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 62 / 162
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	ntomonte may	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any personal stress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	American Academy of Family Physician	o Political	Action Committee	
	American Academy of Family Physician	is Fullical	Action Committee	
	Full Name (Last, First, Middle Initial)			
A.	Donald R Klitgaard, MD			Date of Receipt
	Mailing Address 1220 Chatburn Ave			M M / D D / Y Y Y Y
				06 22 2007
	City	State	Zip Code	Transaction ID: C301392
	<u>Harlan</u>	IA	51537-2009	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer Shelby County Health Syst-	Occupation		
	ems	Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)		400.00	
ь	Full Name (Last, First, Middle Initial)			Data of Baselat
В.	Janice C Klos, CAE			Date of Receipt
	Mailing Address Chief Exec Officer MI Al	05 08 2007		
	City 2164 Commons Pkwy	State	Zip Code	
	•		•	Transaction ID: C296979
	Okemos	MI	48864-3986	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.			
	Name of Employer MIAFP	Occupation	1	7
	MIAFP	CEO		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General			1
	Other (specify) ▼		365.00	
				-
	Full Name (Last, First, Middle Initial)			
C.	Laura C Knobel, MD			Date of Receipt
	Mailing Address 3 Freedom Way			M M / D D / Y Y Y Y
		0		05 08 2007
	City	State	Zip Code	Transaction ID: C296983
	Walpole	MA	02081-2290	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			555.55
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Self Employed	Physician		
	Receipt For:		Year-to-Date ▼	-
	Primary General	99. 09410	1 1 1 1 1 1 1 1 1	1
	Other (specify)		365.00	
				"
0	UBTOTAL of Receipts This Page (optional)			930.00
$\vdash$	ODIGIAL OF FLOCKIPES THIS Flage (Optional)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 63 / 162
	EMIZED RECEIPTS	or each category of the	(check only one)	. —	
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Δr	ny information conied from such Reports and St	atemente may	, not be sold or used by any perso		
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Academy of Family Physicia	ns Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Mary V Krueger, MD			Date of Receipt	
	Mailing Address 318 Doniphan Dr Apt 2		7in Codo	05 09	2007
	City Fort Leavenworth	State KS	Zip Code	Transaction ID: C2	
		NO	66027-1378	Amount of Each Red	celpt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer US Army	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		365.00		
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) Carol A La Croix, MD			Date of Receipt	
	Mailing Address 6623 Glenwood Rd	06 / 19	2007		
	City	State	Zip Code	Transaction ID: C3	00938
	Omaha	NE	68132-1123	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer UNMC Physicians	Occupation Family P			
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		365.00		
C.	Full Name (Last, First, Middle Initial) Daniel Scott Lewis, MD			Date of Receipt	
	Mailing Address 2204 Elgin Rd			03 / 07	2007
	City	State	Zip Code	Transaction ID: C2	:75143
	Winston Salem	NC	27103-4423	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Regional Healthcare	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				1230.00
$\vdash$			<u> </u>		
T	OTAL This Period (last page this line number of	only)			

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 64 / 162
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atamante mav	not be sold or used by any nerse	
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Academy of Family Physician	ne Political	Action Committee	
	American Academy of Family Finysicial	is i dillical	Action Committee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Virgilio Licona, MD			Date of Receipt
	Mailing Address Salud Family HIth Center	ers		M M / D D / Y Y Y Y
	1115 2nd St			03 12 2007
	City	State	Zip Code	Transaction ID: C276319
	Fort Lupton	CO	80621-1745	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Salud Family Health Center	Occupation		
		Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
ь	Full Name (Last, First, Middle Initial)			Date of Baselat
В.	Lynne Marie B Lillie, MD			Date of Receipt
	Mailing Address 4446 Jack Pine Trl N			04 24 2007
	1875 Woodwinds Dr City	State	Zip Code	
	•		•	Transaction ID: C295463
	Lake Elmo	MN	55042-9522	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.			
	Name of Employer	Occupation	1	$\neg$
	Health East Clińic	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼		365.00	
				*
_	Full Name (Last, First, Middle Initial)			
C.	Timothy F Linder, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr			M M / D D / Y Y Y Y
			7: 0 1	01 23 2007
	City	State	Zip Code	Transaction ID: C261145
	Selmer	TN	38375-1864	Amount of Each Receipt this Period
	FEC ID number of contributing	С		5000.00
	federal political committee.			0000.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Name of Employer Prime Care Medical Center	Physician		
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	, iggi ogale	. 541 10 5410 ¥	7
	Other (specify)		5000.00	
		0 0	1 1 1 1 1 1 1	4
	LIPTOTAL of Possints This Page (entire all			5865.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			_
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 162
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED REGEN 10		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δ	ny information copied from such Reports and State	mente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicians	Political	Action Committee	
Α.				Date of Receipt
	Mailing Address 615 S Mill St			01 24 2007
	City	State	Zip Code	Transaction ID: C261178
	Fergus Falls	MN	56537-2738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Forgue Falle Módical Grou	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	1 30.00	
В.	Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD			Date of Receipt
υ.	Mailing Address 615 S Mill St			M M / D D / Y Y Y Y
				02 21 2007
	City	State	Zip Code	Transaction ID: C272949
	Fergus Falls	MN	56537-2738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fergus Falls Medical Grou- p, PA	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · ·	750.00	1
	Other (specify) ▼		700.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD			Date of Receipt
	Mailing Address 615 S Mill St			M ' M / D ' D / Y ' Y ' Y ' Y
				04 24 2007
	City	State	Zip Code	Transaction ID: C295466
	Fergus Falls	MN	56537-2738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Forgue Folle Modical Grou	Occupation		
	p, PA	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Sais. (Speeding) \	0 0	0 0 0 0 0 0 0	'
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	750.00
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 66 / 162
			Use separate schedule(s) or each category of the	(check only one)
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D 1111 1	<b>.</b>	
$\angle$	American Academy of Family Physician	is Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Nancy A Lohuis, MD			Date of Receipt
	Mailing Address Four Seasons Fam Pra- PO Box 1050	PLLC		05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C296518
	Princeton	WV	24740-1050	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0		1
	Other (specify) ▼		365.00	
				'
В.	Full Name (Last, First, Middle Initial) Glenn Allen Loomis, MD			Date of Receipt
	Mailing Address 1210 W Saginaw St			M M / D D / Y Y Y Y
	PO Box 13008			06 01 2007
	City	State	Zip Code	Transaction ID: C298992
	Lansing	MI	48901-3008	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			000.00
	Name of Employer	Occupation	1	7
	Sparrow Health System	Physician		
	Receipt For:	-	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial)			
C.	Carolyn C Lopez, MD			Date of Receipt
	Mailing Address 2906 W Wilson Ave			04 / 17 / 2007
	City	State	Zip Code	Transaction ID: C281084
	Chicago	<u> </u>	60625-3727	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.			000.00
	Name of Employer Cook County	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	L	365.00	
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s	UBTOTAL of Receipts This Page (optional)			1230.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 67 / 162
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Susan Shore Lowry, MD			Date of Receipt
	Mailing Address 117 Kennedy Dr			06 11 7 2007
	City	State	Zip Code	Transaction ID: C299905
	<u>Martin</u>	TN	38237-3309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Martin Medical Center	Occupation Physician		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	1
В.	Full Name (Last, First, Middle Initial) Colleen C Lyons, MD			Date of Receipt
	Mailing Address Aspen Family Medical 2874 N Carson St Ste 12	27		04 27 2007
	City	State	Zip Code	Transaction ID: C295745
	Carson City	NV	89706-0177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		700.00
	Name of Employer Self-Employed	Occupation Family M	n 1edicine Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	700.00	1
	Other (specify)	0 0	700.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael L Madden, MD			Date of Receipt
	Mailing Address 4907 Windermere Blvd			04 20 7 2007
	City	State	Zip Code	Transaction ID: C295129
	Alexandria	LA	71303-2459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer L.S. U. HSC	Occupation Physician		7
	Receipt For:	· · ·	e Year-to-Date ▼	
	Primary General	35 0		1
	Other (specify) ▼		365.00	]
<u> </u>	UBTOTAL of Receipts This Page (optional)			1565.00
1 2	or recouple time tage (optional)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 162
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Academy of Family Physician	ns Political .	Action Committee	
A.	Full Name (Last, First, Middle Initial) Richard F Madden, MD			Date of Receipt
	Mailing Address 609 Christopher Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C296495
	Belen	NM	87002-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Presbyterian Healthcare	Occupation Physician		
	Services Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Beth S Marcus, MD			Date of Receipt
	Mailing Address 938 E Palm Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C298442
	Burbank	CA	91501-1411	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		150.00
	Name of Employer	Occupation	1	
	Family Practice of Glenda- le	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassint
C.	Beth S Marcus, MD  Mailing Address 938 E Palm Ave			Date of Receipt
	Walling Address 956 E Fallii Ave			05 30 2007
	City	State	Zip Code	Transaction ID: C298943
	Burbank	CA	91501-1411	Amount of Each Receipt this Period
	FEC ID number of contributing			150.00
	federal political committee.	C		130.30
	Name of Employer Family Practice of Glenda-	Occupation Physician		
	le Receipt For:	<del></del>	Year-to-Date ▼	
	Primary General	33 - 3 - 10		1
	Other (specify) ▼		300.00	
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s	UBTOTAL of Receipts This Page (optional)			800.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 162
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Melchisedek L Margaris, MD			Date of Receipt
	Mailing Address PO Box 284			06 29 2007
	City	State	Zip Code	Transaction ID: C315485
	Great Falls	MT	59403-0284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Jason E Marker, MD			Date of Receipt
	Mailing Address 63606 Dogwood Rd	M M / D D / Y Y Y Y		
	PO Box 90			05 09 2007
	City	State	Zip Code	Transaction ID: C297001
	Mishawaka	IN	46544-9757	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			
	Name of Employer Occupation		1	
	Self Employed	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	U Other (specify) ▼		303.00	
_	Full Name (Last, First, Middle Initial)			
C.	Renee L Markovich, MD			Date of Receipt
	Mailing Address West Side Family Practi 400 Wabash Ave			05 07 2007
	City	State	Zip Code	Transaction ID: C296525
	Akron	OH	44307-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer	Occupation	1	
	Akron General Medical Center	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		205.00	1
	Other (specify)		365.00	
				1005.00
s	UBTOTAL of Receipts This Page (optional)			1095.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 162
ITEMIZED RECEIPTS		or each category of the	(check only one)
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			13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicia	ns Political	Action Committee	
Full Name (Last, First, Middle Initial)  A. Robert C Marshall, MD			Date of Receipt
Mailing Address 2001 28th Street Ct NV	V		04 18 2007
City	State	Zip Code	Transaction ID: C294354
Gig Harbor	WA	98335-7987	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer US Navy	Occupation Physicial		
Receipt For:		e Year-to-Date ▼	
Primary General			1
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial)  3. Robert C Marshall, MD			Date of Receipt
Mailing Address 2001 28th Street Ct NV	M M / D D / Y Y Y Y		
	05 09 2007		
City	State	Zip Code	Transaction ID: C297089
Gig Harbor	WA	98335-7987	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer US Navy	Occupatio	n	7
US Navy	Physicia	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		300.00	1
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial)  2. Jennifer A Mayfield, MD			Date of Receipt
Mailing Address 6307 N Park View Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C260528
Spokane	WA	99205-7703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Solt		n n	7
Receipt For:	Physicial Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify) ▼		365.00	]
CURTOTAL of Provints This Provints In			665.00
SUBTOTAL of Receipts This Page (optional)			

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
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			Detailed Summary Page	13 14 15 16 17	
۸r	y information copied from such Reports and Sta	ntomonte may	y not be cold or used by any perce		
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any personal stress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Academy of Family Physician	ne Political	Action Committee		
	American Academy of Family Frigsicial	is i dillical	Action Committee		
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Michael Allen McAdoo, MD			Date of Receipt	
	Mailing Address Family Practice			M M / D D / Y Y Y Y	
	6041 Telecom Dr			05 01 2007	
	City	State	Zip Code	Transaction ID: C295892	
	Milan	TN	38358-3448	Amount of Each Receipt this Period	
	FEC ID number of contributing			205.00	
	federal political committee.	C		365.00	
				_	
	Name of Employer Self-Employed (Milan Medi-	Occupation			
	cal Center)	Physiciar			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		365.00	11	
	Other (specify)	1 1		1	
В.	Full Name (Last, First, Middle Initial) Debra O McCaul, MD			Date of Receipt	
υ.	Mailing Address 1100 W 10th St Ste 140	١		<u> </u>	
	Mailing Address 1100 VV 10th St Ste 14th	)		04 12 2007	
	City	State	Zip Code	Transaction ID: C280122	
	Rolla	MO	65401-2999	Amount of Each Receipt this Period	
		111.0	50101 2000	Amount of Each recorpt this i ched	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. John's Sisters of Mer-	Occupation			
	CY	Physician	1		
	Receipt For:	Aggregate	Year-to-Date		
	Primary General	1	250.00	1	
	Other (specify)		230.00		
_	Full Name (Last, First, Middle Initial) Samantha Easterly McLerran, MD			Date of Receipt	
Ċ.	Mailing Address 500 W Main St			<u> </u>	
	Mailing Address 500 W Maili St			03 22 2007	
	City	State	Zip Code	Transaction ID: C277291	
	Livingston	TN	38570-1718	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		356.00	
	Name of Employer Self-Employed	Occupation			
		Medical E		_	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	365.00	11	
	Other (specify)		000.00	1	
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				971.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 162 (check only one)    X
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Physician			
Α.	Full Name (Last, First, Middle Initial) Samantha Easterly McLerran, MD Mailing Address 500 W Main St			Date of Receipt    M M
	City Livingston	State TN	Zip Code 38570-1718	Transaction ID: C315296  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		9.00
	Name of Employer Self-Employed	Occupation Medical I	Doctor	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) William J Medwid, MD			Date of Receipt
	Mailing Address 33 Tenney St		04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: C295437
	Georgetown  FEC ID number of contributing federal political committee.	C	01833-2216	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Kathleen J Miller, MD			Date of Receipt
	Mailing Address S I U Decatur Fam Ctr 250 W Kenwood Ave	05 18 7 2007		
	City	State	Zip Code	Transaction ID: C298308
	Decatur  FEC ID number of contributing federal political committee.	C	62526-4371	Amount of Each Receipt this Period  365.00
	Name of Employer SIU School of Medicine	Occupation Physician	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			739.00

S	CHEDULE A (FEC Form 3X)		Use separate sched	FOR LINE NUMBER: PAGE 73 / 162							
IT	EMIZED RECEIPTS		or each category of		(check only one)			_			
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by dress of any political co	y any person mmittee to s	for the purp olicit contrib	ose of so utions fro	liciting m suc	contri	ibutions ımittee.	S	
$\setminus$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Academy of Family Physician	s Political	Action Committee								
Α.	Full Name (Last, First, Middle Initial) Terry Lee Mills, Jr				Date of	Receipt					
	Mailing Address Wichita Clinic				M M		D /	Υ	Y Y		
	720 Medical Center Dr	01-1-	7'- 0-4-		02	1	-		200	1	
	City	State	Zip Code			tion ID:					
	Newton	KS	67114-8778		Amoun	of Each	Receip	ot this	Period		
	FEC ID number of contributing federal political committee.	C							250.0	00	
	Name of Employer Wichita Clinic, P.A.	Occupation Physician			1						
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			50.00							
	Other (specify) ▼										
В.	Full Name (Last, First, Middle Initial) Elisabeth Fowlie Mock, MD				Date of	Receipt					
	Mailing Address 46 Clark Hill Rd 915 Union St Ste 4	0 2		5 /	Y	2 0 0					
	City	State	Zip Code		Transac	tion ID:	C262	2356			
	Holden	ME	04429-7253		Amoun	of Each	Receip	ot this	Period		
	FEC ID number of contributing federal political committee.	C							100.0	00	
	Name of Employer Eastern Maine Medical Cen- ter	Occupation Physician			1						
	Receipt For:	· -	Year-to-Date ▼								
	Primary General	1 1	<del>                                     </del>								
	Other (specify)		3	65.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Elisabeth Fowlie Mock, MD				Date of	Receipt					
	Mailing Address 46 Clark Hill Rd 915 Union St Ste 4				м м 0 5	1 1	7 <sup>D</sup>		200		
	City	State	Zip Code		Transac	tion ID:	C296	539			
	Holden	ME	04429-7253		Amoun	of Each	Receip	ot this	Period		
	FEC ID number of contributing federal political committee.								265.0	00	
	Name of Employer Eastern Maine Medical Cen- ter	Occupation Physician			1						
	Receipt For:		Year-to-Date ▼								
	Primary General			05.00							
	Other (specify) ▼		3	65.00							
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 162			
•		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
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Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Academy of Family Physician	s Political	Action Committee				
Full Name (Last, First, Middle Initial)  A. Anne M Montgomery, MD			Date of Receipt			
Mailing Address Family Medicine Spokan 104 W 5th Ave Ste 200V			02 / 09 / 2007			
City	State	Zip Code	Transaction ID: C263115			
<u>Spokane</u>	WA	99204-4803	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		650.00	1			
Other (specify) ▼	0 0	650.00				
Full Name (Last, First, Middle Initial)  3. Anne M Montgomery, MD			Date of Receipt			
Mailing Address Family Medicine Spokan 104 W 5th Ave Ste 200V	05 01 7 2007					
City	State	Zip Code	Transaction ID: C295896			
Spokane	WA	99204-4803	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer Inland Empire Hospital Se-	Occupation					
rvices Associ	Physician	n e Year-to-Date ▼	_			
Receipt For: Primary General	Aggregate	e Year-10-Date V	1			
Other (specify)		650.00				
Full Name (Last, First, Middle Initial)			Date of Receipt			
Anne M Montgomery, MD  Mailing Address Family Medicine Spokan	10		Date of Receipt			
104 W 5th Ave Ste 200V			06 14 2007			
City	State	Zip Code	Transaction ID: C300623			
Spokane	WA	99204-4803	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Inland Empire Hospital Services Associ						
Receipt For:	· · · · · ·	e Year-to-Date 🔻				
Primary General		050.00	1			
Other (specify)		650.00				
L			650.00			
SUBTOTAL of Receipts This Page (optional)		······	- 000.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  American Academy of Family Physicians	Political	Action Committee	
<b>A.</b>	Full Name (Last, First, Middle Initial) Charles A Montgomery, MD Mailing Address PO Box 1025  City Greeneville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State TN C Occupation Physician Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dale C Moquist, MD  Mailing Address	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Employer MHHS  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		
C.	Full Name (Last, First, Middle Initial) Dale C Moquist, MD  Mailing Address Memorial Family Med Re 7737 Southwest Fwy Ste  City Houston  FEC ID number of contributing federal political committee.  Name of Employer MHHS  Receipt For: Primary General Other (specify)	State TX  C  Occupation Physician		Date of Receipt  M M C 20
SI	JBTOTAL of Receipts This Page (optional)			565.00
TC	OTAL This Period (last page this line number onl	v)	-	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 162
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Family Physicia			
Full Name (Last, First, Middle Initial) Dale C Moquist, MD  Mailing Address Memorial Family Med 7737 Southwest Fwy S  City	Resident Ste 400 State TX	Zip Code 77074-1804	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Houston  FEC ID number of contributing federal political committee.	C	77074-1804	Amount of Each Receipt this Period  100.00
Name of Employer MHHS  Receipt For:  Primary General  Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Dale C Moquist, MD  Mailing Address Memorial Family Med 7737 Southwest Fwy S			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C298423
Houston	TX	77074-1804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer MHHS	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  2. Dale C Moquist, MD			Date of Receipt
Mailing Address Memorial Family Med 7737 Southwest Fwy S			0 6 2 5 2 0 0 7
City	State	Zip Code	Transaction ID: C314849
Houston FEC ID number of contributing federal political committee.	C	77074-1804	Amount of Each Receipt this Period  100.00
Name of Employer MHHS	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last page this line number	only)		

COUEDINE A (EEC Form 2V)		]		FOR LINE NUMBER: PAGE 77 / 162		
	CHEDULE A (FEC Form 3X)	200 00000000000000000000000000000000000		(check only one)		
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			Detailed Summary Page	13 14 15 16 17		
Δr	y information copied from such Reports and Sta	atemente may	y not be sold or used by any perso			
or	for commercial purposes, other than using the n	name and add	fress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Academy of Family Physician	ne Political	Action Committee			
	American Academy of Family Frigsicial	is i dillical	Action Committee			
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Robert Paul Moser, Jr			Date of Receipt		
	Mailing Address PO Box 658			M M / D D / Y Y Y Y		
	712 2nd Street			01 23 2007		
	City	State	Zip Code	Transaction ID: C261151		
	Tribune	KS	67879-0658	Amount of Each Receipt this Period		
	FEC ID number of contributing			205.00		
	federal political committee.	C		365.00		
	Name of Employer Greeley County Health Ser-	Occupation				
	vices	Physiciar				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		365.00	1		
	Other (specify)	0 0	000.00			
ь	Full Name (Last, First, Middle Initial)			Data of Danasiat		
В.				Date of Receipt		
	Mailing Address Univ Of Ks - School Of 1010 N Kansas St	Med		06 26 2007		
	City	State	Zip Code			
	•		•	Transaction ID: C315308		
	Wichita	KS	67214-3124	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		365.00		
	federal political committee.					
	Name of Employer KUSM-Wichita	Occupation	1	7		
	KUSM-Wichita*	Physician				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	7		
	Primary General			1		
	Other (specify) ▼		365.00			
				1		
	Full Name (Last, First, Middle Initial)					
C.	John Franklin Mueller, MD			Date of Receipt		
	Mailing Address 69 Snipatuit Rd			M M / D D / Y Y Y Y		
				05 25 2007		
	City	State	Zip Code	Transaction ID: C298775		
	Rochester	MA	02770-1504	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		365.00		
	federal political committee.			555.55		
	Name of Employer	Occupation	<u> </u>	$\dashv$		
	Self-Employed	Physician				
	Receipt For:		Year-to-Date <b>V</b>	$\dashv$		
	Primary General	, iggi ogale	10 2010 7	1		
	Other (specify)		365.00			
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_	UBTOTAL of Receipts This Page (optional)			1095.00		
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 78 / 162		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Academy of Family Physician	ns Political	Action Committee			
<u></u>	Full Name (Last, First, Middle Initial)					
A.	Michael Lawrence Munger, MD			Date of Receipt		
	Mailing Address 12330 Metcalf Ave Ste	400		06 06 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	City	State	Zip Code	Transaction ID: C299741		
	Overland Park	KS	66213-1307	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer St Lukes Medical Group	Occupation Physician				
	Receipt For:		Year-to-Date ▼	$\dashv$		
	Primary General	33 -3		1		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 171 Taylor St			04 23 2007		
	City	State	Zip Code	Transaction ID: C295430		
	Harpers Ferry	WV	25425	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		365.00		
	Name of Employer West Virginia University	Occupation	n n Educator	7		
	Receipt For:	<u> </u>	Year-to-Date <b>V</b>	_		
	Primary General	riggrogato	Tour to Bute V	1		
	Other (specify) ▼		365.00			
— С.	Full Name (Last, First, Middle Initial) Mark R Needham, MD			Date of Receipt		
٠.	Mailing Address 644 Kingman Ave			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O		
	City	State	Zip Code	Transaction ID: C295870		
	Santa Monica	CA	90402-1334	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		230.00		
	Name of Employer Santa Monica Bay Physicia- ns	Occupation MD	1			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		230.00	1		
$\Box$						
•	UBTOTAL of Receipts This Page (optional)			1115.00		
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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
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			Detailed Summary Page	13 14 15 16 17			
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or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Academy of Family Physician	ns Political	Action Committee				
Α.	Full Name (Last, First, Middle Initial) Michael Lynn O'Dell, MD			Date of Receipt			
	Mailing Address NMMC Family Medicine 1665 S Green St	e RP		05 24 7 2007			
	City	State	Zip Code	Transaction ID: C298560			
	Tupelo	MS	38804-6556	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer North Mississippi Medical Center	Occupation Physician		7			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		205.00	1			
	Other (specify)		365.00				
В.	Full Name (Last, First, Middle Initial) Keith Keith Osborne, MD			Date of Receipt			
	Mailing Address 11001 N Black Canyon	M M / D D / Y Y Y Y					
				04 06 2007			
	City	State	Zip Code	Transaction ID: C279995			
	Phoenix	AZ	85029-4757	Amount of Each Receipt this Period			
	FEC ID number of contributing			1000.00			
	federal political committee.	C		1000.00			
	N (5 )	10		_			
	Name of Employer CIGNA Healthcare	Occupation					
		Medical [		_			
	Receipt For:	Aggregate	e Year-to-Date ▼	_			
	Primary General		1000.00				
	Other (specify)	0 0		1			
_	Full Name (Last, First, Middle Initial)						
C.	Daniel J Ostergaard, MD			Date of Receipt			
	Mailing Address 14547 S Hagan St			03 09 2007			
	City	State	Zip Code	Transaction ID: C276252			
	Olathe	KS	66062-9001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer	Occupation	 1	$\dashv$			
	American Academy of Family	Physician					
	Physicians Receipt For:		Year-to-Date ▼	$\dashv$			
	Primary General	99. 09410		7			
	Other (specify)		365.00				
		0 0	1 1 1 1 1 1 1	4			
1 _				1730.00			
Ls	UBTOTAL of Receipts This Page (optional)		······	11 00100			

SCHEDULE A (FEC Form 3X)		l la a a su a vata a ala alcila (a)	FOR LINE NUMBER: PAGE 80 / 162			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
<u>(, )</u>	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Academy of Family Physician	ne Political	Action Committee			
	7 mondan 7 dadoniy on ramiiy r nyololar	io i diitidai i	Action Committee			
_	Full Name (Last, First, Middle Initial)					
A.	Tomas P Owens, Jr			Date of Receipt		
	Mailing Address Associate Director 3500 NW 56th St Ste 10	20		02 12 2007		
	City	State	Zip Code	Transaction ID: C263185		
	Oklahoma City	OK	73112-4517	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1 1 1			
	federal political committee.	C		365.00		
	Name of Employer	Occupation	<u> </u>	+		
	Name of Employer Great Plains Family Medic- ine	Physician				
	Receipt For:		Year-to-Date ▼			
	Primary General		005.00	1		
	Other (specify) ▼		365.00			
В.	Full Name (Last, First, Middle Initial) Robert Milton Pallay, MD			Date of Receipt		
	Mailing Address 211 Courtyard Dr			M M / D D / Y Y Y Y		
				02 05 2007		
	City	State	Zip Code	Transaction ID: C262359		
	Hillsborough	NJ	08844-4247	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer Dimensional Healthcare	Occupation				
		Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
	Other (specify)		0 0 0 0 0 0 0	1		
_	Full Name (Last, First, Middle Initial)					
C.	Joseph Michael Parra, MD			Date of Receipt		
	Mailing Address 1631 S Michelle St			05 07 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C296498		
	Wichita	KS	67207-6546	Amount of Each Receipt this Period		
	FEC ID number of contributing			365.00		
	federal political committee.	C		303.00		
	Name of Employer	Occupation	1	7		
	Wesley Family medicine	Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		365.00			
	Other (specify)		000.00			
١	UBTOTAL of Receipts This Page (optional)			1230.00		
$\vdash$	ODITAL OF HOOGIPES THIS Fage (optional)					

se separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 162
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Detailed Summary Page	X   11a
ements may not be sold or used by any perso	n for the purpose of soliciting contributions
me and address of any political committee to	solicit contributions from such committee.
Political Action Committee	
	Date of Receipt
	05 15 7 2007
	Transaction ID: C298147
OK 73763-0389	Amount of Each Receipt this Period
C	365.00
Occupation Physician	
Aggregate Year-to-Date ▼	7
265.00	
305.00	
	Date of Receipt
	0 4 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
·	Transaction ID: C294350
LA 71457-6043	Amount of Each Receipt this Period
C	365.00
Occupation	7
<u> </u>	
Aggregate Year-to-Date ▼	
365.00	
	Date of Receipt
9	M M / D D / Y Y Y Y
	05 01 2007
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Transaction ID: C295882
IA 50126-2106	Amount of Each Receipt this Period
C	250.00
Occupation	7
Family Physician	
Aggregate Year-to-Date ▼	
250.00	
	980.00
) <u> </u>	
	Detailed Summary Page  Iments may not be sold or used by any persone and address of any political committee to  Political Action Committee  State Zip Code OK 73763-0389  C  Occupation Physician Aggregate Year-to-Date ▼  State Zip Code LA 71457-6043  C  Occupation Physician Aggregate Year-to-Date ▼  State Zip Code LA 71457-6043  C  Occupation Physician Aggregate Year-to-Date ▼  State Zip Code LA 50126-2106  C  Occupation Family Physician Aggregate Year-to-Date ▼

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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 162
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
• • •	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Gary Michael Plant, MD			Date of Receipt
	Mailing Address 76 NE 12th St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C278836
	Madras	OR	97741-1827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Madras Medical Group	Occupation Family P		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) D Gabriel Polk, DO			Date of Receipt
	Mailing Address The Waynesboro Clinic PO Box 778	PC		03 06 2007
	City	State	Zip Code	Transaction ID: C273962
	Waynesboro	TN	38485-0778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Waynesboro Clinic, PC	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)		500.00	
— С.	Full Name (Last, First, Middle Initial) Donald Howard Polk, DO			Date of Receipt
<b>J</b> .	Mailing Address PO Box 778			M M / D D / Y Y Y Y
	a g se se i o box // o			03 06 2007
	City	State	Zip Code	Transaction ID: C273959
	Waynesboro	TN	38485-0778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		7
		Physicia		_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General		365.00	
	Other (specify) ▼	0 0		1
s	UBTOTAL of Receipts This Page (optional)			1365.00

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S	SCHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 83 / 162		
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
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An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
<u>\</u>	NAME OF COMMITTEE (In Full)	arric aria ade	reso of any political committee to	Soliot contributions from such committee.		
$  \rangle$	American Academy of Family Physician	e Political	Action Committee			
	American Academy of Farming Frigoroid	is i dillical i	Action Committee			
_	Full Name (Last, First, Middle Initial)					
A.	Donya Ann Powers, MD			Date of Receipt		
	Mailing Address 50 Office Pkwy			05 02 2007		
	City	State	Zip Code	Transaction ID: C296286		
	East Providence	RI	02914-1636	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1 1			
	federal political committee.	C		1000.00		
	Name of Francisco					
	Name of Employer Self-Employed	Occupation Physician				
	Receipt For:	-	Year-to-Date ▼	_		
	Primary General	7.99.094.0		1		
	Other (specify) ▼		1000.00			
	Full Name (Last, First, Middle Initial)			5. (5		
В.	Karla Graue Pratt	A A E D		Date of Receipt		
	Mailing Address Executive Vice Pres - W 1050 140th Ave NE Ste			02 28 2007		
	City	State	Zip Code	Transaction ID: C273201		
	Bellevue	WA	98005-2972	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		365.00		
	Name of Employer	Occupation	า	<del>- </del>		
	Name of Employer Washington Academy of Fam- ily Physician	Executive				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify)		365.00			
C.	Full Name (Last, First, Middle Initial) Janice Eileen Ragland, MD			Date of Receipt		
-	Mailing Address 13011 Monroe Manor D	r		M M / D D / Y Y Y Y		
				05 18 2007		
	City	State	Zip Code	Transaction ID: C298312		
	<u>Herndon</u>	VA	20171-2909	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer Self Employed	Occupation	1			
		Physiciar				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	] [		
	Other (specify) ▼			1		
	JBTOTAL of Receipts This Page (optional)			1865.00		
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SCHEDULE A (FEC Form 3X)			Llas asperata asbadula(a)	FOR LINE NUMBER: PAGE 84 / 162
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Academy of Family Physicians	s Political	Action Committee	_
A.	Full Name (Last, First, Middle Initial) Richard L Rajewski, MD			Date of Receipt
	Mailing Address Hays Family Medicine 2509 Canterbury Dr			06 26 2007
	City	State	Zip Code	Transaction ID: C315313
	Hays	KS	67601-2294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Hays Family Practice	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify) ▼	0 0	303.00	
— В.	Full Name (Last, First, Middle Initial) Avinash Dubbaka Reddy, MD			Date of Receipt
	Mailing Address Univ TN FMRP 294 Summar Dr			05 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C296992
	Jackson	TN	38301-3915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of Tennessee	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)	0 0	303.00	
_	Full Name (Last, First, Middle Initial)			Data of Dagaint
C.	Randy J Rice, MD  Mailing Address Gateway Fam HIth CIn			Date of Receipt
	Mailing Address Gateway Fam Hlth Cln 4570 County Highway 61			04 23 2007
	City	State	Zip Code	Transaction ID: C295435
	Moose Lake	MN	55767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Gateway Family Health Cli-	Occupation		1
	ninc Receipt For:	Physician	n e Year-to-Date ▼	
	Primary General	Ayyıeyale	, 1-cai-10-Date ▼	1
	Other (specify) ▼		365.00	
_				
s	UBTOTAL of Receipts This Page (optional)			830.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 85 / 162
	EMIZED RECEIPTS		or each category of the	(check only one)	445 🗆 40
			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso		
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from si	uch committee.
\	NAME OF COMMITTEE (In Full)				
/	American Academy of Family Physicians	Political	Action Committee		
۹.	Full Name (Last, First, Middle Initial) Randy J Rice, MD			Date of Receipt	
	Mailing Address Gateway Fam Hlth Cln 4570 County Highway 61			04 / 23	2007
	City	State	Zip Code	Transaction ID: C29	
	Moose Lake	MN	55767	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			265.00
	Name of Employer Gateway Family Health Cli- ninc	Occupation Physician			
	Receipt For:		e Year-to-Date ▼	1	
	Primary General	· · ·	365.00		
	Other (specify) ▼		300.00		
3.	Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD			Date of Receipt	
	Mailing Address Fox Valley Fam Med Res 229 S Morrison St	sidency		01 / 24	2007
	City	State	Zip Code	Transaction ID: C26	31182
	Appleton	WI	54911-5725	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			84.00
	Name of Employer Kettering Medical Center	Occupation	n	7	
		Physician			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		568.00		
		-			
 C.	Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD			Date of Receipt	
	Mailing Address Fox Valley Fam Med Res 229 S Morrison St	sidency		02 22	2007
	City	State	Zip Code	Transaction ID: C27	73003
	Appleton	WI	54911-5725	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			84.00
	Name of Employer Kettering Medical Center	Occupation Physician			
	Receipt For:		e Year-to-Date ▼		
	Primary General		568.00		
	Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)				433.00
			<u> </u>		
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 162
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicia	ans Political	Action Committee	_
Full Name (Last, First, Middle Initial)  4. Elisabeth L Righter, MD			Date of Receipt
Mailing Address Fox Valley Fam Med F 229 S Morrison St	Residency		03 / 09 / 4 2007
City	State	Zip Code	Transaction ID: C276255
Appleton	WI	54911-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kettering Medical Center	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		568.00	
Full Name (Last, First, Middle Initial)  3. Elisabeth L Righter, MD			Date of Receipt
Mailing Address Fox Valley Fam Med F 229 S Morrison St	Residency		04 20 7 2007
City	State	Zip Code	Transaction ID: C295160
Appleton	WI	54911-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kettering Medical Center	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary General		568.00	1
Other (specify) ▼	0 0		
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD			Date of Receipt
Mailing Address Fox Valley Fam Med F 229 S Morrison St	Residency		05 22 7 2007
City	State	Zip Code	Transaction ID: C298425
Appleton	WI	54911-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Kettering Medical Center	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		568.00	
SUBTOTAL of Receipts This Page (optional)			300.00
		·	
TOTAL This Period (last page this line number	only)	<b>)</b>	

COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 87 / 162
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD			Date of Receipt
	Mailing Address Fox Valley Fam Med Re 229 S Morrison St	sidency		0 6 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: C301365
	Appleton	WI	54911-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kettering Medical Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		568.00	]
В.	Full Name (Last, First, Middle Initial) Richard Guy Roberts, MD			Date of Receipt
	Mailing Address Dept Of Fam Medicine 777 S Mills St			0 4
	City	State	Zip Code	Transaction ID: C281088
	Madison	WI	53715-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of Wisconsin	Occupation Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		365.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Perry C Rothrock, III			Date of Receipt
	Mailing Address 1047 Murray Hill Ln			03 31 2007
	City	State	Zip Code	Transaction ID: C278794
	Memphis	TN	38120-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Perry C. Rothrock III, MD, PLLC	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			965.00
$\vdash$	<u> </u>		·	-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 162
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	ns Political	Action Committee	
Full Name (Last, First, Middle Initial) Dennis F Salisbury, MD  Mailing Address Regional Medical Arts 435 S Crystal St  City Butte  FEC ID number of contributing federal political committee.	State MT	Zip Code 59701-1506	Date of Receipt    M M M
Name of Employer Rocky Mountain Clinic  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Dennis F Salisbury, MD  Mailing Address Regional Medical Arts 435 S Crystal St  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Butte FEC ID number of contributing federal political committee.	C	59701-1506	Amount of Each Receipt this Period 45.00
Name of Employer Rocky Mountain Clinic  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physicia Aggregate		
Full Name (Last, First, Middle Initial) Dennis F Salisbury, MD  Mailing Address Regional Medical Arts 435 S Crystal St	Pavilion		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>B</u> utte	State MT	Zip Code 59701-1506	Transaction ID: C298402  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer Rocky Mountain Clinic	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	415.00	
SUBTOTAL of Receipts This Page (optional)			415.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 162 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  American Academy of Family Physicians	Political	Action Committee	
΄ Α.	Full Name (Last, First, Middle Initial) Sarah L Sams, MD			Date of Receipt
	Mailing Address Dove Family Care 5123 Norwich St Ste 110			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hilliard	State OH	Zip Code 43026-1443	Transaction ID: C281151  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dove Family Care	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) George E Schoephoerster, MD			Date of Receipt
	Mailing Address CentraCare HIth Plz 1900 Centracare Cir	0		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Saint Cloud	State MN	Zip Code 56303-5000	Transaction ID: C295464  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer CentraCare Clinic	Occupation Family Pl		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
).	Full Name (Last, First, Middle Initial) Paul J Schommer, MD			Date of Receipt
	Mailing Address Ste 202 311 W Noble Ave			03 / 09 / Y Y Y Y Y
	City Visalia	State CA	Zip Code 93277-2669	Transaction ID: C276253  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00
			<u>-</u>	

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 90 / 162
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	temente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	name and add	fress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Academy of Family Physician	e Political	Action Committee	
	American Academy of Family Frigsicial	is i dillical	Action Committee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Jon C Seager, MD			Date of Receipt
	Mailing Address 602 Church St SW			M M / D D / Y Y Y Y
				05 02 2007
	City	State	Zip Code	Transaction ID: C296284
	North Canton	OH	44720-2904	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Community Health Care Inc	Occupation		
		Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselat
В.				Date of Receipt
	Mailing Address 101 W Sycamore St			06 26 2007
	City	State	Zip Code	
	•		•	Transaction ID: C315307
	Columbus	KS	66725-1276	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.			
	Name of Employer St. John's Medical Group-	Occupation	1	7
	St. John's Medical Group- Columbus	Physician		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	7
	Primary General			1
	Other (specify) ▼		365.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	George Wm Shannon, MD			Date of Receipt
	Mailing Address 106 Enterprise Ct Suite		M M / D D / Y Y Y Y	
	Ste A	0		01 24 2007
	City	State	Zip Code	Transaction ID: C261183
	Columbus	GA	31904-3089	Amount of Each Receipt this Period
	FEC ID number of contributing	С		35.00
	federal political committee.			
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Self Employed	Physician		
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	, iggi ogale	10 2010 7	1
	Other (specify)		210.00	
		0 0	1 1 1 1 1 1 1 1	4
_	IIPTOTAL of Populate This Page (entire 1)			900.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
1				The state of the s

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 162 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt
	Mailing Address 106 Enterprise Ct Suite A Ste A			02 22 2007
	City Columbus	State GA	Zip Code 31904-3089	Transaction ID: C273004  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01304 0000	35.00
	Name of Employer Self Employed	Occupation Physician	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt
	Mailing Address 106 Enterprise Ct Suite A Ste A		03 20 7 2007	
	City Columbus	State GA	Zip Code	Transaction ID: C277149
	FEC ID number of contributing federal political committee.	C	31904-3089	Amount of Each Receipt this Period  35.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
<del></del>	Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt
	Mailing Address 106 Enterprise Ct Suite A Ste A			04 20 7 2007
	City Columbus	State GA	Zip Code 31904-3089	Transaction ID: C295162  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.00.0000	35.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)			105.00
T	OTAL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)	Uaa		FOR LINE NUMBER: PAGE 92 / 162
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
IT LIMIZED RECEIP 13		led Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and State	monte may not be	cold or used by any perso	13 14 15 16 17
or for commercial purposes, other than using the na	me 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)  4. George Wm Shannon, MD			Date of Receipt
Mailing Address 106 Enterprise Ct Suite A Ste A			05 / 22 / Y Y Y Y Y Y Y
City	•	Code	Transaction ID: C298426
Columbus	GA 319	904-3089	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate Year-to-	-Date ▼	
Primary General		210.00	
Other (specify) ▼			
Full Name (Last, First, Middle Initial)  3. George Wm Shannon, MD			Date of Receipt
Mailing Address 106 Enterprise Ct Suite A			M M / D D / Y Y Y Y
Ste A			06 25 2007
City	•	Code	Transaction ID: C314859
Columbus	GA 319	904-3089	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Self Employed	Occupation		7
	Physician		_
Receipt For: Primary General	Aggregate Year-to	-Date ▼	
Other (specify)	0 0 0 0	210.00	
Full Name (Last, First, Middle Initial)  James Michael Smith, MD			Date of Receipt
Mailing Address PO Box 1589			03 / 27 / Y Y Y Y Y
City		Code	Transaction ID: C278698
Bastrop	LA 712	221-1589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate Year-to-	-Date ▼	
Primary General		250.00	
Other (specify) ▼		200.00	
			320.00
SUBTOTAL of Receipts This Page (optional)		·····	

S	CHEDULE A (FEC Form 3X)		Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 93 / 162
	•		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
OI		iame and add	iress or any political committee to	Solicit contributions from Such committee.
	NAME OF COMMITTEE (In Full)	na Dalisiaal	A ati a sa Casana intera	
$\angle$	American Academy of Family Physician	is Political.	Action Committee	
A.	Full Name (Last, First, Middle Initial) Jay D Smith, MD			Date of Receipt
	Mailing Address 7685 Winchester Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C298104
	Memphis	TN	38125-2202	Amount of Each Receipt this Period
			00.20 2202	
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer The Family Physicians Gro-	Occupation Physician		7
	up, PC Receipt For:		Year-to-Date ▼	
	Primary General	33 15		1
	Other (specify) ▼	1	365.00	
В.	Full Name (Last, First, Middle Initial) Thomas A Smith, MD			Date of Receipt
	Mailing Address 300 Med - Dent Ctr			M M / D D / Y Y Y Y
	186 Hospital Rd			03 09 2007
	City	State	Zip Code	Transaction ID: C276257
	Winchester	TN	37398-2472	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.	9		
	Name of Employer Self-Employed	Occupation	1	
	Self-Employed	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)		303.00	
_	Full Name (Last, First, Middle Initial)			D. (D. )
C.	Don A Solberg, MD  Mailing Address 716 E Manitoba Ave			Date of Receipt
				02 23 2007
	City	State	Zip Code	Transaction ID: C273021
	Ellensburg	WA	98926-3842	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		005,00	1
	Other (specify) ▼		365.00	
_				
				1007.00
s	UBTOTAL of Receipts This Page (optional)			1095.00
$\vdash$				-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 162
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Richard G Spindler, MD			Date of Receipt
	Mailing Address 1515 Booth Dr			0 4
	City	State	Zip Code	Transaction ID: C278857
	Sebring	<u>FL</u>	33872-5718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Michael D Springer			Date of Receipt
	Mailing Address 14320 Norwood St			02 21 7 2007
	City	State	Zip Code	Transaction ID: C272940
	Overland Park	KS	66224-3912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer American Academy of Family	Occupation		
	Physicians Receipt For:		g Executive • Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Christine Stabler, MD			Date of Receipt
	Mailing Address 825 McGrann Blvd			06 08 2007
	City	State	Zip Code	Transaction ID: C299866
	Lancaster	PA	17601-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Lancaster General Hospital	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	]
s	UBTOTAL of Receipts This Page (optional)			1115.00
	OTAL This Period (last page this line number or	nlv)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 162 (check only one)  X 11a 11b 11c 12
Ar	ry information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full)  American Academy of Family Physicians			oonor contribution from coor committee.
<b>A</b> .	University of Tennessee COM Chattanoog	State TN C Occupation Physician Aggregate		Date of Receipt  M M / 20 / 2007  Transaction ID: C295127  Amount of Each Receipt this Period  500.00
3.	Full Name (Last, First, Middle Initial) Kevin Eugene Steichen, MD Mailing Address 4720 S Harvard Ave Ste 1  City Tulsa  FEC ID number of contributing federal political committee.	State OK	Zip Code 74135-3023	Date of Receipt  M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Omni Medical Group	Occupation Family P Aggregate		
<b>3.</b>	Oregon Health & Science University	State OR C Occupation Physician		Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: C298317  Amount of Each Receipt this Period  500.00
s	UBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number only	·)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 162
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	e and add	rnot be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicians F	Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Keith L Stelter, MD			Date of Receipt
	Mailing Address 622 Sunrise Dr			04 24 2007
	•	State	Zip Code	Transaction ID: C295459
	Saint Peter	MN	56082-1201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	IS I/Mayo Hoalth System	ccupation hysician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify) ▼	0 0	303.00	
В.	Full Name (Last, First, Middle Initial)			Date of Descript
Ь.	Linda C Stone, MD  Mailing Address 397 Jessing Trl			Date of Receipt
	Walling Address 597 Jessing III			05 2007
	City	State	Zip Code	Transaction ID: C296524
	Columbus	OH	43235-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Ohio State University Col-	ccupation	1	
	lege of Medic	hysician		
		Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) Glen R Stream, MD			Date of Receipt
	Mailing Address 14408 E Sprague Ave			0 1 2 4 2 0 0 7
	City	State	Zip Code	Transaction ID: C263092
	Spokane	WA	99216-2167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	ntributing		100.00
	Name of Employer Rockwood Clinic  Occupation Physician			
			Year-to-Date ▼	
	Primary General	199.094.0		1
	Other (specify) ▼	0 0	400.00	
s	UBTOTAL of Receipts This Page (optional)			830.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 162
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		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
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NAME OF COMMITTEE (In Full)			
American Academy of Family Physician	s Political	Action Committee	
Full Name (Last, First, Middle Initial)  4. Glen R Stream, MD			Date of Receipt
Mailing Address 14408 E Sprague Ave			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C295167
Spokane	WA	99216-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Rockwood Clinic	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)	, , ,	400.00	
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Full Name (Last, First, Middle Initial)  3. Glen R Stream, MD			Date of Receipt
Mailing Address 14408 E Sprague Ave			M M / D D / Y Y Y Y
City	State	Zip Code	05 22 2007
Spokane	WA	99216-2167	Transaction ID: C298431  Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		100.00
Name of Employer Rockwood Clinic	Occupation		
Receipt For:	Physician Aggregate	Year-to-Date ▼	-
Primary General	, iggi ogalo		1
Other (specify)	0 0	400.00	
Full Name (Last, First, Middle Initial)  Glen R Stream, MD			Date of Receipt
Mailing Address 14408 E Sprague Ave			06 25 7 2007
City	State	Zip Code	Transaction ID: C314878
Spokane	WA	99216-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Rockwood Clinic	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
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	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	s Political	Action Committee	
	Full Name (Last, First, Middle Initial)			
Α.	Richard H Streiffer, MD			Date of Receipt
	Mailing Address Tulane Unv Fam Comm 1430 Tulane Ave # TB3	ı Mea		05 01 2007
	City	State	Zip Code	Transaction ID: C295905
	New Orleans	LA	70112-2632	Amount of Each Receipt this Period
	FEC ID number of contributing			265.00
	federal political committee.	C		365.00
	Name of Employer	Occupation	า	+
	Name of Employer Tulane Unviersity	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify)	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Michael S Strekall, MD			Date of Receipt
	Mailing Address 405 Saddle Dr			M M / D D / Y Y Y Y
				04 17 2007
	City	State	Zip Code	Transaction ID: C281091
	<u>Helena</u>	<u>MT</u>	59601-5632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	rederal political committee.			
	Name of Employer Helena Health Center	Occupation		
		Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
	outer (openity) 🗸		0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
C.	Jonathan R Sugarman, MD			Date of Receipt
	Mailing Address Ste 100 10700 Meridian Ave N			02 23 2007
	City	State	Zip Code	Transaction ID: C273023
	Seattle	WA	98133-9008	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer Qualis Health	Occupation	1	7
Qualis Health Physicia				
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)		000.00	
٩	UBTOTAL of Receipts This Page (optional)			1095.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 162
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$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicians	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial)  Donna Lippert Sullivan, MD			Date of Receipt
	Mailing Address Ft Collins Fam Med Ctr 1025 Pennock Pl			02 12 2007
	City	State	Zip Code	Transaction ID: C263210
	Fort Collins	CO	80524-3257	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Ft. Collins Family Medici-	Occupation Physician		
	ne Residency Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼	0 0	400.00	
— В.	Full Name (Last, First, Middle Initial) Erica Williams Swegler, MD			Date of Receipt
٥.	Mailing Address 816 Keller Pkwy Ste 102			M M / D D / Y Y Y Y
	Ste 102			02 12 2007
	City	State	Zip Code	Transaction ID: C263212
	Keller	TX	76248-2405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General		005.00	1
	Other (specify) ▼		365.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Hugh M Taylor, MD			Date of Receipt
	Mailing Address Family Medicine Associa 15 Railroad Ave	tes		0 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C261155
	<u>Hamilton</u>	MA	01982-2218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Family Medicine Associates	Occupation		
	Receipt For:	Physician	Year-to-Date ▼	$\dashv$
	Primary General Aggreg		Teal to Date V	1
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	1265.00
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т	OTAL This Period (last page this line number on	lv)	<b>.</b>	

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 100 / 162
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IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) James O Theis, MD			Date of Receipt
	Mailing Address 6019 Constance St			06 27 7 2007
	City	State	Zip Code	Transaction ID: C315353
	New Orleans	LA	70118-5806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tulane University	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)	0 0	300.00	
— В.	Full Name (Last, First, Middle Initial) David C Thorson, MD			Date of Receipt
	Mailing Address Minnhealth			M M / D D / Y Y Y Y
	4786 Banning Ave			04 24 2007
	City	State	Zip Code	Transaction ID: C295457
	White Bear Lake	MN	55110-3264	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Minnhealth PA	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)	0 0	303.00	J
— С.	Full Name (Last, First, Middle Initial) Dennis Duane Tietze, MD			Date of Receipt
	Mailing Address 600 SW Jewell Ave			05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C298546
	Topeka	KS	66606-1607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Francis Hospital	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify) ▼		500.00	
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				1365.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 162 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any personess of any political committee to	n for the purpose of soliciting contributions
<u>.                                    </u>	NAME OF COMMITTEE (In Full)	ino ana aaa	root of any political committee to	Contribution in Carl Committee.
$\rangle$	American Academy of Family Physicians	Political /	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Boyce G Tollison, MD			Date of Receipt
	Mailing Address 105 Medinah Dr PO Box 2927			05 17 7 2007
	City	State	Zip Code	Transaction ID: C298287
	Easley	SC	29641-2927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Palmetto Baptist Easley	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	· ·	500.00	
	Cutici (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Patrick A Tranmer, MD			Date of Receipt
	Mailing Address UIC Dept of Family Media			05 18 2007
	1919 W Taylor St M/C 66	State	Zip Code	05 18 2007  Transaction ID: C298319
	Chicago	IL	60612-7246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UIC	Occupation		7
		Physician		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
).	Full Name (Last, First, Middle Initial) Belinda A Vail, MD			Date of Receipt
	Mailing Address Mail Stop 4010 3901 Rainbow Blvd			06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C315326
	Kansas City	KS	66160-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of Kansas	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1365.00

## SCHEDULE A (FEC Form 3X)

PAGE 102 / 162 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Tim Joseph Vega, MD Mailing Address 209 W Columbia Ter 06 2007 27 City State Zip Code Transaction ID: C315352 Peoria IL 61606-1504 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer St. Francis Medical Center Occupation Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gabrielle A Vencel Olson, MD Date of Receipt Mailing Address A C M C 0 6 19 2007 101 Willmar Ave SW City Zip Code Transaction ID: C301333 State Willmar MN 56201-3556 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Affiliated Community Medi-Occupation Physician cal Centers Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Sharry Kay Veres, MD Date of Receipt Mailing Address 1720 E Beverly Rd 05 2007 09 City State Zip Code Transaction ID: C297061 Phoenix ΑZ 85042-6870 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer St. Joes - Phoenix Occupation Resident Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1115.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 162
			or each category of the  Detailed Summary Page	(check only one)
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Ar or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physicians	Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Jan P Vleck, MD			Date of Receipt
	Mailing Address WIRB 3535 7th Ave SW			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C273737
	Olympia	WA	98502-5010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Western Institutional Rev- iew Board	Occupation Physician		7
	Receipt For:		Year-to-Date <b>V</b>	
	Primary General	33 -3		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Bruce Alan Wallstedt, MD			Date of Receipt
	Mailing Address 6323 Canterbury Close			04 23 2007
	City	State	Zip Code	Transaction ID: C295438
	Brentwood	TN	37027-4870	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Hospital Corp of America	Occupation Physician		7
	Receipt For:		Year-to-Date ▼	
	Primary General	1.555		1
	Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Daniel A Walters, MD			Date of Receipt
	Mailing Address 2304 E County Road 950	N		0 2
	City	State	Zip Code	Transaction ID: C273210
	Seymour	IN	47274-9115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	Name of Employer Caring Family Physicians	Occupation Physician		7
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	1095.00
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S	CHEDULE A (FEC Form 3X)		Llan a su aveta a ala alcila (a)	FOR LINE NUMBER: PAGE 104 / 162
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	s Political	Action Committee	
	Full Name (Last, First, Middle Initial)			
Α.	Thomas J Weida, MD			Date of Receipt
	Mailing Address University Phys Grp Fis 845 Fishburn Rd	nburn		03 07 2007
	City	State	Zip Code	Transaction ID: C275140
	Hershey	PA	17033-2015	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	+
	Hershey Medical Center	Physician		
	Receipt For:	-	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)		900.00	
В.	Full Name (Last, First, Middle Initial) Thomas J Weida, MD			Date of Receipt
	Mailing Address University Phys Grp Fis	hburn		M M / D D / Y Y Y Y
	845 Fishburn Rd			06 19 2007
	City	State	Zip Code	Transaction ID: C300942
	Hershey	<u>PA</u>	17033-2015	Amount of Each Receipt this Period
	FEC ID number of contributing	С		400.00
	federal political committee.			
	Name of Employer Hershey Medical Center	Occupation		
		Physiciar		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	900.00	
		1		1
_	Full Name (Last, First, Middle Initial)			
C.	Mary Jo Welker, MD			Date of Receipt
	Mailing Address 2231 N High St OSU-Rardin Family Pra	ctice Ctr		01 23 2007
	City	State	Zip Code	Transaction ID: C261146
	Columbus	OH	43201-4153	Amount of Each Receipt this Period
	FEC ID number of contributing	С		5000.00
	federal political committee.			3000.00
	Name of Employer Ohio State University	Occupation	1	7
	Ohio State University Physician			
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		5000.00	1
	Other (specify)		3000.00	
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S	CHEDULE A (FEC Form 3X)		Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 105 / 162
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11	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Academy of Family Physician	ns Political	Action Committee	
	7 monoan 7 loadoniy o'r anniy r nyelelal	io i ontiour	nonen commune	
_	Full Name (Last, First, Middle Initial)			
A.	Edith R Welty, MD			Date of Receipt
	Mailing Address 5990 E Jeremy Ln			04 25 2007
	City	State	Zip Code	Transaction ID: C295472
	Flagstaff	AZ	86004-9528	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		500.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Name of Employer Self-Employed	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Randell K Wexler, MD			Date of Receipt
	Mailing Address 6040 Haybury Dr			M M / D D / Y Y Y Y
				01 23 2007
	City	State	Zip Code	Transaction ID: C261159
	New Albany	OH	43054-8691	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Ohio State University	Occupation		
		Physiciar		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		2000.00	
	outer (opening) \	-	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
C.	Randell K Wexler, MD			Date of Receipt
	Mailing Address 6040 Haybury Dr			03 07 2007
	City	State	Zip Code	Transaction ID: C275128
	New Albany	OH	43054-8691	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Ohio State University	Occupation	1	7
	Onio State University	Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		2000.00	1
	Other (specify)		2000.00	
Г				
٩	UBTOTAL of Receipts This Page (optional)			1500.00
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 162 (check only one)
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An or	y information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physician	s Political	Action Committee	
<u>΄</u> Δ.	Full Name (Last, First, Middle Initial) Randell K Wexler, MD			Date of Receipt
	Mailing Address 6040 Haybury Dr	0	7:0.1	0 4 0 5 2 0 0 7
	City New Albany	State OH	Zip Code 43054-8691	Transaction ID: C279855  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100010001	500.00
	Name of Employer Ohio State University	Occupation Physiciar		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
3.	Full Name (Last, First, Middle Initial) Randell K Wexler, MD			Date of Receipt
	Mailing Address 6040 Haybury Dr			05 14 2007
	City New Albany	State OH	Zip Code 43054-8691	Transaction ID: C298064
	FEC ID number of contributing federal political committee.	C	43034-6091	Amount of Each Receipt this Period 500.00
	Name of Employer Ohio State University	Occupation Physiciar		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD			Date of Receipt
	Mailing Address 59 Tipton Dr			01 12 7 2007
	City <u>Dahlonega</u>	State GA	Zip Code 30533-1603	Transaction ID: C260817  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000.00
	Name of Employer Dahlonega Physicians Group	Occupation physician	1	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SI	JBTOTAL of Receipts This Page (optional)			2000.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 107 / 162
	` '		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
Or		name and add	aress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D-I'A'I	A - 1: O : 11	
$\angle$	American Academy of Family Physicia	ns Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Steven Michael Wilk, MD			Date of Receipt
	Mailing Address 12669 Devon Ln Ste A			05 07 2007
	City	State	Zip Code	Transaction ID: C296530
	Carmel	IN	46032-9447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	0	
	Physician		Health Partners	
	Receipt For:		e Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		300.00	]
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 110 S 9th St			04 27 2007
	City	State	Zip Code	Transaction ID: C295755
	Mayfield	KY	42066-2208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	
	Self Employed	Physiciar	ı	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Peter A S Winn, MD			Date of Receipt
	Mailing Address Dept Of Family Med 900 NE 10th St			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: C296526
	Oklahoma City	OK	73104-5420	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			
	Name of Employer University of Oklahoma,	Occupation		
	College of Med Receipt For:	Physician	e Year-to-Date ▼	
	Primary General	Aggregate	Tour to Date ¥	1
	Other (specify)		365.00	
			<u> </u>	440000
s	UBTOTAL of Receipts This Page (optional)			1165.00
$\vdash$				

S	CHEDULE A (FEC Form 3X)		l la a consueta a chardula (a)	FOR LINE NUMBER: PAGE 108 / 162
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	ns Political	Action Committee	
	,,,			
	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address Western PA Family Med 2057 Route 130	d Assoc		05 12 2007
	City	State	Zip Code	Transaction ID: C298062
	<u>Jeannette</u>	PA	15644-1168	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	+
	Name of Employer WPFMA, Ltd	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Julie Kristin Wood, MD			Date of Receipt
٠.	Mailing Address 5305 NE Rainbow Cir			M M / D D / Y Y Y Y
				02 16 2007
	City	State	Zip Code	Transaction ID: C272770
	Lees Summit	MO	64064-2450	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.	•		
	Name of Employer Baptist Lutheran Medical	Occupation		
	Center	Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Cirior (speedily)		1 1 1 1 1 1 1	1
_	Full Name (Last, First, Middle Initial)			
C.	Philip James Worrell, MD			Date of Receipt
	Mailing Address 2325 Vale Crest Rd			$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C295456
	Golden Valley	MN	55422-3419	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer	Occupation	า	+
	Name of Employer Retired	Physician		
			Year-to-Date ▼	7
	Primary General		365.00	1
	Other (specify) ▼		303.00	
_				
_	IIDTOTAL of Descints This Desc (cution 1)		_	980.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 109 / 162
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b	11c   12
Δ.,	winformation against from auch Departs and Cta	stamonto mai	, not be cold or used by one norse	13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	iame and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Academy of Family Physician	s Political	Action Committee		
$\mathbb{Z}$					
Α.	Full Name (Last, First, Middle Initial) J Mack Worthington, MD			Date of Receipt	
Α.	Mailing Address 1100 E 3rd St			M M / D D	/ Y Y Y Y Y
	Maining Address 1100 E Sid St			0 5 3 0	
	City	State	Zip Code	Transaction ID: C	298904
	Chattanooga	TN	37403-2201	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			200.00
	federal political committee.				200.00
	Name of Employer University of Tennessee,	Occupation	1	_	
	University of Tennessee, College of Me	Physician	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		400.00		
	Other (specify)		100.00		
	Full Name (Last, First, Middle Initial)				
В.	J Mack Worthington, MD			Date of Receipt	
	Mailing Address 1100 E 3rd St			M M / D D	
	21			06 25	
	City	State	Zip Code	Transaction ID: C	
	Chattanooga	TN	37403-2201	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			200.00
	·				
	Name of Employer University of Tennessee,	Occupation			
	College of Me Receipt For:	Physician	e Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-Date V	1	
	Other (specify) ▼		400.00		
				·	
_	Full Name (Last, First, Middle Initial)				
C.	Paul E Wright, MD			Date of Receipt	
	Mailing Address 1513 Morning Star			05 13	
	City	State	Zip Code	Transaction ID: C	298063
	Edmond	OK	73034-6549	Amount of Each Re	
	FEC ID number of contributing				365.00
	federal political committee.	C			303.00
	Name of Employer	Occupation	 1	$\dashv$	
	St Anthony Hospital	Physician			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>		
	Primary General		365.00	1	
	Other (specify)		000.00		
	UBTOTAL of Receipts This Page (optional)				765.00
$\vdash$	ODIOTAL OF HECEIPES THIS Fage (Optional)	•••••	······································	-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Assistance and the second seco	4-1		13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Least First Middle Letter)			
Full Name (Last, First, Middle Initial)  Lillian Wu, MD			Date of Receipt
Mailing Address 278 Lind Ave NW			05 09 7 2007
City	State	Zip Code	Transaction ID: C297003
Renton	WA	98057-5136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Community Health Centers of King Count	Occupatio Physicia		
Receipt For:	,	e Year-to-Date ▼	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  3. Dennis Buford Yelvington, MD			Date of Receipt
Mailing Address PO Box 1901			02 / 25 / 2007
City	State	Zip Code	Transaction ID: C273028
Stuttgart	AR	72160-1901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Stuttgart Medical Center	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Herbert F Young, MD	l		Date of Receipt
Mailing Address 10313 Cherokee Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C297092
Leawood	KS	66206-2510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer AAFP	Occupatio Physicia	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		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**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer Central Coast Family Care

Other (specify)

Mailing Address 821 E Chapel St Ste 203

General

State

Aggregate Year-to-Date ▼

5000.00

CA

C

Richard L Zachrich, MD

City

Santa Maria

Receipt For:

Primary

FOR LINE NUMBER: PAGE 111 / 162 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Academy of Family Physicians Political Action Committee Date of Receipt 03 26 2007 Zip Code Transaction ID: C278340 93454-4619 Amount of Each Receipt this Period 5000.00 Occupation Physician

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	146241.63

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 112 / 162
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  11a
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
OI		ine and add	iless of any political committee to	Solicit Contributions from Such Committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Creek	Pkwy		02 / 05 / 4 2007
	City	State	Zip Code	Transaction ID: C273970
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		434.75
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2781.91	
3.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Creek	Pkwy		02 / 23 / 4 2007
	City	State	Zip Code	Transaction ID: C273966
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		221.95
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2781.91	
<u> </u>	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Creek	Pkwy		03 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C280010
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		329.08
	Name of Employer	Occupation	ı	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	2781.91	
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	985.78
т,	OTAL This Period (last nage this line number on	(v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 162
IT	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	13 14 X 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
$\rangle$	American Academy of Family Physicians	s Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Creek			04 / 09 / 4 2007
	City	State	Zip Code	Transaction ID: C273967
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.35
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2781.91	
 3.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Creek	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C280095
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		9.73
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2781.91	
— Э.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Creek	Pkwy		0 4 2 3 2 0 0 7
	City	State	Zip Code	Transaction ID: C298112
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		377.26
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2781.91	
S	UBTOTAL of Receipts This Page (optional)			421.34
т	OTAL This Period (last page this line number on	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED 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 X 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Creek  City Leawood  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State KS  C Occupation	Zip Code 66211-2672	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: C298338  Amount of Each Receipt this Period  63.87
3.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  American Academy of Family Physicians  Mailing Address 11400 Tomahawk Creek	Pkwy	2701.31	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Leawood  FEC ID number of contributing federal political committee.	State KS	Zip Code 66211-2672	Transaction ID: C298379  Amount of Each Receipt this Period  625.02
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Aggregate Aggregate	Year-to-Date ▼ 2781.91	
<b>D</b> .	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Creek	Pkwy		Date of Receipt    M M
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID: C300778  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	91.76
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2781.91	
s	UBTOTAL of Receipts This Page (optional)			780.65
т.	OTAL This Period (last page this line number onl	v)		

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<b>SCHEDULE A (FEC Form 3X</b>	3		FOR LINE NUMBER: PAGE 115 / 162
TEMIZED RECEIPTS	• )	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)
		Detailed Summary Fage	13 14 X 15 16 17
ny information copied from such Reports and r for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physi	cians Political	Action Committee	
Full Name (Last, First, Middle Initial)  American Academy of Family Physicians			Date of Receipt
Full Name (Last, First, Middle Initial)			06 29 2007
City	State	Zip Code	Transaction ID: C315488
Leawood	KS	66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		594.14
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		2781.91	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	594.14
TOTAL This Period (last page this line number only)	•	2781.91

	CHEDULE B (FEC Form 3X)		erate schedule(s)		FOR LINE		R:			PAG	Ξ 116	/ 162
<u>IT</u>	EMIZED DISBURSEMENTS		category of the Summary Page		X 21b 27	22 28a		23 28b		24 28c	25 29	26 30k
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											IS
$\vdash$	NAME OF COMMITTEE (In Full)											
$\rangle$	American Academy of Family Physicians I	olitical Ac	ction Committe	е								
Α.	Full Name (Last, First, Middle Initial) American Express					Trans Date			_			
	Mailing Address PO Box 53852					0 <sup>M</sup> 1	M	D (	8 0	/ Y	žoŏ7	7 <sup>Y</sup>
	City Phoenix	State AZ	Zip Code 85072-3852			Amou	nt o	Each	n Dis	burseme		
	Purpose of Disbursement Credit card processing fee							_			147.	50
	Candidate Name			С	ategory/ Type							
	Senate President	ement For: Primary Other (spe	General ecify) ▼									
	State: District:											
В.	Full Name (Last, First, Middle Initial) American Express					Trans Date	of Di	sburs	eme	nt		
	Mailing Address PO Box 53852					0 1	M	D 1	16	/ Y	ž o ŏ 7	7
	City Phoenix	State AZ	Zip Code 85072-3852			Amou	nt o	Each	n Dis	burseme	nt this f	Period
	Purpose of Disbursement			Г	•						73.	75
	Credit card processing fee Candidate Name			С	ategory/ Type							
	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General									
C.	Full Name (Last, First, Middle Initial) American Express					Trans Date						
	Mailing Address PO Box 53852					0 <sup>M</sup> 1	М	D	16	/ Y	ž o ŏ 7	7 <sup>Y</sup>
	City Phoenix	State AZ	Zip Code 85072-3852			Amou	nt o	Each	n Dis	burseme		
	Purpose of Disbursement Credit card processing fee					L.					29.	50
	Candidate Name			С	ategory/ Type							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼									
٩	UBTOTAL of Disbursements This Page (optional)										250.7	75
	OTAL This Period (last page this line number only)				·····	<u> </u>	-	•	•			

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 117 / 162
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
ļ.	NAME OF COMMITTEE (In Full)	2 and address of any pointed		not contributions from such committee
$ \rangle$	American Academy of Family Physicians F	Political Action Committe	е	
_	Full Name (Last, First, Middle Initial)			Transaction ID: D36726
Α.	American Express		Date of Disbursement	
	Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
	•	State         Zip Code           AZ         85072-3852		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fee			14.75
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial) American Express			<b>Transaction ID:</b> D36727 Date of Disbursement
	Mailing Address PO Box 53852		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & J \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & T \end{smallmatrix} \end{bmatrix} $	
	•	State         Zip Code           AZ         85072-3852		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fee			10.33
	Candidate Name		Category/ Type	
	Senate President	ement For: Primary General Other (specify)		
С.	State: District:  Full Name (Last, First, Middle Initial)  American Express			Transaction ID: D37728 Date of Disbursement
	Mailing Address PO Box 53852		$\begin{bmatrix}\begin{smallmatrix}M\\0^2^M\end{smallmatrix}\end{bmatrix}^{M} \ \begin{smallmatrix}D\\1^2^6\end{smallmatrix}\end{bmatrix}^{M} \ \begin{smallmatrix}Y\\2^V\\0^V\\7^V\end{smallmatrix}$	
		State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee			10.77
	Candidate Name		Category/ Type	
	Senate President	ement For: Primary General Other (specify)		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional) .		<b>)</b>	35.85
т	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)	Use sene	rate schedule(s)			NUMBE	R:	Р	AGE	118 /	162
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(cl	neck onl 21b 27	y one) 22 28a	23 28b	24 280	Я	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5
$\left. \right\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Family Physicians F				100 10 30	SHOTE GOTTE		om 300m		iii.cc	
۹.	Full Name (Last, First, Middle Initial) American Express						saction ID	_	9		
	Mailing Address PO Box 53852					0 <sup>M</sup> 2		26	Y 2	0 ŏ 7	Y
	•	State AZ	Zip Code 85072-3852			Amou	int of Each	Disburs	ement	this P	eriod
	Purpose of Disbursement Credit Card Processing Fee									23.5	8
	Candidate Name			Categ Typ							
	Senate President	ement For: Primary Other (spec	General   Cify) ▼								
	State: District: Full Name (Last, First, Middle Initial)					_		D0770			
3.	American Express					Date	of Disburs				
	Mailing Address PO Box 53852					0 <sup>M</sup> 1	M / D	29 /	ž	0 ŏ 7	Y
	,	State AZ	Zip Code 85072-3852			Amou	ınt of Each	n Disburs	ement		-
	Purpose of Disbursement Credit Card Processing Fee					L.				11.3	88
	Candidate Name			Categ Typ	-						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General   Cify) ▼								
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
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П	EMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa			<u>`</u>	21b 27	22 28a		23 28b	$\square$	24 28c	25 29	26 30b
	y Information copied from such Reports and State												ıs
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	Candidate Name				tego Type								
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or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	and address of any political co	······································	10 SOII	on contri	DULIUI IS T	ioni sucr	COIII	ınııee	
American Academy of Family Physicians	Political Action Committee								
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Purpose of Disbursement Credit Card Processing Fee								493.7	"3
Candidate Name		Category Type	/						
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Bank Of America Merchant Services				Date o	action IL of Disburs	D: D4774 sement			V
Mailing Address WA2-505-01-40 PO Box 2485				0,6 ,		1 4	, ż	0 0 7	
City Spokane	State         Zip Code           WA         99210-2485			Amour	nt of Eac	h Disburs	semen		
Purpose of Disbursement Bank Fee - Check order								54.0	10
Candidate Name		Category Type	/						
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Full Name (Last, First, Middle Initial)  Bank Of America Merchant Services					action ID	D: D4111 sement	14		
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Purpose of Disbursement Deposit Fee		0 0						9.2	20
Candidate Name		Category Type	/						
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)								
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam												
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	Candidate Name			С	atego Type	-							
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	Candidate Name			С	atego Type	•							
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— С.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services										37842		
							Date	м			) / Y	ž 0 ŏ	Y
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	City Spokane	State WA	Zip Code 99210-2485				Amou	int o	f Eac	h Dis	bursem	ent this	Period
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	Candidate Name			С	atego								
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۸.	Full Name (Last, First, Middle Initial) Discover Network							<b>tion ID</b> Disburs	: D3516	30		
	Mailing Address P O Box 52145						M M ) 1		3 /	Y Y	0 ŏ 7	, Y
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		State AZ	Zip Code 85072-2145			Ar	nount	of Each	Disburs	emen	t this F	Period
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	Candidate Name				egory/ ype							
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American Academy of Family Physicians	Political Action Committee								
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Phoenix Purpose of Disbursement	AZ 85072-2145							35.5	0
Credit Card Processing Fee									
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Mailing Address P O Box 52145				0 <sup>M</sup> 6	M / D	14	ž	0 ŏ 7	Y
City Phoenix	State         Zip Code           AZ         85072-2145			Amou	nt of Eac	h Disburs	semen	t this P	eriod
Purpose of Disbursement Credit Card Processing Fee		•						33.2	3
Candidate Name		Catego Type							
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American Academy of Family Physicians F	Political Action Committee									
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A. AMERICA WORKS PAC					of Disbur		V .	/ /	V	
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Washington Purpose of Disbursement	DC 20002-5818		_				:	2500.0	0	
Campaign contribution					-			•	0	
Candidate Name Sherrod Brown		Category/ Type								
	ment For:									
X Senate President	Primary General Other (specify) ▼									
State: OH District:										
Full Name (Last, First, Middle Initial)				Trans	action I	<b>D</b> : D376	64			
COMMITTEE FOR A DEMOCRATIC MAJO	DRITY				of Disbur					
Mailing Address 301 4th St. NE Suite 202 SUITE 202				0,3	M / D	15	2	2 0 0 7	Y	
,	State Zip Code DC 20002			Amoui	nt of Ead	ch Disbu	rsemer	nt this P	eriod	
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Campaign contribution										
Candidate Name		Category/ Type								
	ment For:									
X Senate President	Primary General Other (specify) ▼									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)  DONNA CHRISTENSEN CAMPAIGN						<b>D</b> : D376	57			_
DONNA GITTIOT LINGLIN CAMIFAIGIN				M	of Disbur		Y	Y Y _	Υ	
Mailing Address 417 New Jersey Ave SE				0 3		15	2	2 0 ŏ 7		
,	State Zip Code DC 20003-4007			Amou	nt of Eac	ch Disbu	rsemer	nt this P	eriod	1
Purpose of Disbursement Campaign contribution	Г	• •	7					2500.0	00	
Candidate Name		Category/	-							
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· · · · · · · · · · · · · · · · · · ·	ment For: 2008 Primary General									
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<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political col	n i II I I I	10 8	SOHOIL CON	uibul	וו פויטו.	JIII SUUII		ınıl <del>ot</del>	
American Academy of Family Physicians P	olitical Action Committee									
Full Name (Last, First, Middle Initial)							D3766	3		
Democratic Congressional Campaign Com	mittee					isburse		V V	· · ·	V
Mailing Address 430 S Capitol St SE Fl 2				0 <sup>M</sup> 3	3 "	1	5 /	2	0 ŏ 7	
	State Zip Code 20003-4024			Amo	unt o	f Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	20000 4024	v	-					15	5000.0	00
Campaign contribution										
Candidate Name		Cate Ty	gory/ pe							
Office Sought: House Disburser  Senate	nent For: Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)							D4101	6		
<ol> <li>Democratic Senatorial Campaign Committee</li> </ol>	ee			_ Date	of D	isburse		Y Y	Y	Y
Mailing Address 120 Maryland Ave NE				0 6		1	2 /	2	0 ŏ 7	
•	State Zip Code 20002-5610			Amo	unt o	f Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Campaign contribution				1 L				15	5000.0	00
Candidate Name			gory/							
Office Sought: House Disburser	ment For:	Ту	pe							
Senate Stagnt.	Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)  National Republican Congressional Commit	ttee			-	of D	isburse		1		
Mailing Address 320 1st St SE				0 6	S M	0	8 /	<sup>Y</sup> 2	0 Ď 7	Y
•	State Zip Code DC 20003-1838			Amo	ount o	f Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Campaign contribution		-		1 L				5	5000.0	00
Candidate Name		Cate Ty <sub>l</sub>	gory/ pe							
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify)									
State. District.				_						
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American Academy of Family Physicians P	olitical Action Committee										
Full Name (Last, First, Middle Initial)  A. National Republican Congressional Commi	ttee			Da	e of D	isburse			Y	Y	
Mailing Address 320 1st St SE				0	3	1	5 /	. 2	0 0 7		
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Purpose of Disbursement Campaign contribution Candidate Name		^ato	gory/					1(	0.000.0	0	_
		Ту									
Office Sought: House Disburser Senate President State: District:	nent For:  Primary General  Other (specify)										
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	D4099	92			
PROSPERITY HELPS INSPIRE LIBERTY	POLITICAL ACTION			М	М	oisburse		Y <u>y</u>	Y _	Υ	
Mailing Address PO Box 26366				0	6	0	8 /	. 2	0 ŏ 7		
•	State Zip Code VA 22313-6366			Am	ount o	of Each	Disburs			-	
Purpose of Disbursement Campaign contribution					-	-			1000.0	0	_
Candidate Name Phil English	C	Cate Ty <sub>l</sub>	gory/ be								
Office Sought:  X House Senate President State: PA District: 3	nent For: Primary General Other (specify)										
Full Name (Last, First, Middle Initial) - ANNA ESHOO FOR CONGRESS				-		ion ID:	D3766 ement	61			
Mailing Address PO Box 636				O <sup>M</sup>	3 <sup>M</sup>	<sup>/</sup> 1	5 /	2	0 ŏ 7	Y	
•	State Zip Code VA 22003-0636			Am	ount c	of Each	Disburs	semen	t this P	eriod	_
Purpose of Disbursement Campaign contribution								2	2500.0	0	
Candidate Name Rep. Anna Eshoo	C	Cate	gory/ pe								
Office Sought:  X House Senate President State: CA District: 14	nent For: 2008 Primary General Other (specify)										
								13	500.0	0	$\overline{}$
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American Academy of Family Physicians	Political Action Committee						
Full Name (Last, First, Middle Initial)				tion ID:	-		
CUBIN FOR CONGRESS INC				Disburser		V V	Y
Mailing Address POST OFFICE BOX 465	7		06	/ D 1	8 /	ž 0 0 7	
City CASPER	State Zip Code WY 82604		Amount	of Each [	Disburser	nent this F	-
Purpose of Disbursement Campaign contribution	Г	v v				2500.0	00
Candidate Name Rep. Barbara Cubin		Category/ Type					
X	ment For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transac	tion ID:	D//0881		
3. CONGRESSMAN BART GORDON COMM	IITTEE			Disburser	ment	YYY	Y
Mailing Address P.O. Box 2008			0 5	<sup>/</sup> 2	3 /	ž 0 ŏ 7	
City Murfreesboro	State Zip Code TN 37133		Amount	of Each [	Disburser	nent this F	-
Purpose of Disbursement Campaign contribution						2500.0	00
Candidate Name Rep. Bart Gordon		Category/ Type					
, <u>x</u>	ement For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)				tion ID:			
CHARLES A. GONZALEZ CONGRESSIO	NAL CAMPAIGN		M M	Disburser		V V	Y
Mailing Address PO Box 12612			0 5	/ DO	7	ž 0 ŏ 7	
City San Antonio	State Zip Code TX 78212-0612		Amount	of Each I	Disburser	nent this F	Period
Purpose of Disbursement Vioded Check #200144 - 4/4/2007	Г	* *				-2000.0	00
Candidate Name Rep. Charles A. Gonzalez	(	Category/ Type					
· —	ment For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)						3000.0	00
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American Academy of Family Physicians F	olitical Action Committee						
Full Name (Last, First, Middle Initial)  CHARLES A. GONZALEZ CONGRESSION  Meiling Address BO Box 10040	IAL CAMPAIGN			tion ID: D3 Disbursement	ent	ž 0 ŏ 7	Y
Mailing Address PO Box 12612				0.2		2007	
	State         Zip Code           TX         78212-0612		Amount	of Each Di			-
Purpose of Disbursement Campaign contribution Candidate Name			L			2000.0	0
Rep. Charles A. Gonzalez		Category/ Type					
Office Sought:    X   House   Disburse   X     Senate   President     State: TX   District: 20	ment For: 2008 Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial)				tion ID: D			
CHARLES A. GONZALEZ CONGRESSION	IAL CAMPAIGN		M M	Disburseme		ΥΥΥ	Υ
Mailing Address PO Box 12612			0 5	0 7		ž 0 ŏ 7	
•	State         Zip Code           TX         78212-0612		Amount	of Each Di			-
Purpose of Disbursement Campaign contribution			L			2000.0	0
Candidate Name Rep. Charles A. Gonzalez	C	Category/ Type					
Office Sought:  X House Senate President State: TX District: 20	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS			Date of D	tion ID: Da	ent		
Mailing Address PO Box 5577 Manhattanville Station			03	15	/ V	ž 0 ŏ 7	Y
	State Zip Code NY 10027-5570		Amount	of Each Di	sburseme	nt this P	eriod
Purpose of Disbursement Campaign contribution		v v	L			5000.0	0
Candidate Name Rep. Charles B. Rangel		Category/ Type					
Office Sought:  X House Senate President State: NY District: 15	nent For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional) .		▶				9000.0	0
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political col	minilitiee to s	Olicit Contrib	utions froi	in such co	ommittee	
American Academy of Family Physicians P	olitical Action Committee						
Full Name (Last, First, Middle Initial)  CHARLES BOUSTANY JR MD FOR CONG  Mailing Address Post Office Box 80126	RESS INC			ction ID: [ Disburser	ment	ž 0 ŏ 7	, Y
Mailing Address Post Office Box 80126							
	itate Zip Code _A 70598		Amount	of Each [	Disbursen	nent this F	-
Purpose of Disbursement Campaign contribution Candidate Name					0 0	1000.0	00
Rep. Charles W. Boustany Jr.		Category/ Type					
	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)  HOOLEY FOR CONGRESS				tion ID:			
			M M M O 3	Disburser		ž 0 ŏ 7	, Y
Mailing Address PO BOX 2050			0.3		<u> </u>	2007	
,	State Zip Code DR 97308		Amount	of Each [	Disbursen	nent this F	-
Purpose of Disbursement Campaign contribution			L.			2500.0	00
Candidate Name Rep. Darlene Hooley	C	Category/ Type					
	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)  DAVE CAMP FOR CONGRESS 2008				ction ID: [ Disburser			
Mailing Address 2501 Wisconsin Ave NW Apt 304			0 4	/ <b>2</b>	<sup>D</sup> / Y	ž 0 ŏ 7	, <sup>Y</sup>
City	State Zip Code DC 20007-4543		Amount	of Each [	Disbursen	nent this F	Period
Purpose of Disbursement Campaign contribution		* *	<u> </u>			2500.0	00
Candidate Name Rep. Dave Camp		Category/ Type					
	nent For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)		▶				6000.0	00
TOTAL This Period (last page this line number only) .		<b>•</b>					

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\	American Academy of Family Physicians F	Political Action Committe	ee								
	Full Name (Last, First, Middle Initial)						ction ID	_	-		
<b>~</b> •	FRIENDS OF DAVE WELDON						Disburs			YY	Y
ı	Mailing Address PO Box 968					0 5		10	2	2007	
		State Zip Code FL 32902				Amoun	t of Eac	h Disbu	ırsemer	nt this F	eriod
	Purpose of Disbursement	1								1500.0	00
(	Campaign contribution										
	Candidate Name Rep. Dave Weldon			tegory/ ype							
(	X III	ment For: 2008									
	Senate X President	Primary General Other (specify) ▼									
;	State: FL District: 15										
-	Full Name (Last, First, Middle Initial)						ction ID	-			
۱ .	MOORE FOR CONGRESS					Date of	Disburs			v · v	V
i	Mailing Address PO BOX 14631					0 6	]	08		ž o ŏ 7	
	•	State Zip Code KS 66285				Amoun	t of Eac	h Disbu	ırsemer	nt this F	eriod
-	Purpose of Disbursement	1.0 00200								1000.0	00
_	Campaign contribution		Ļ								
	Candidate Name Rep. Dennis Moore			tegory/ ype							
(	9 1	ment For: 2008									
	Senate X President	Primary General Other (specify) ▼									
;	State: KS District: 3	Other (specify)									
_	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.						ction ID				
	DIANA DEGETTE FOR CONGRESS INC.					M M	Disburs			YYY	Υ
ı	Mailing Address P.O. Box 61337					0 3		15	2	ž 0 ŏ 7	
	•	State Zip Code CO 80206				Amoun	t of Eac	h Disbu			
	Purpose of Disbursement Campaign contribution									2500.0	00
(	Candidate Name Rep. Diana L. DeGette			tegory/ ype							
-	·	ment For: 2008	•	71	$\dashv$						
		Primary General									
,	President State: CO District: 1	Other (specify) ▼									
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American Academy of Family Physicians F	Political Action Committee										
Full Name (Last, First, Middle Initial)						): D3766	67				
EARL POMEROY FOR CONGRESS				Date of Disbursement							
Mailing Address PO Box 75214				0,3		15	. 2	0 0 7			
City Washington	State Zip Code DC 20013-0214			Amour	nt of Eac	h Disburs	emen	t this P	eriod		
Purpose of Disbursement	20010-0214		$\dashv$				2	2000.0	0		
Campaign contribution											
Candidate Name Rep. Earl Pomeroy		Category Type	"								
X	ment For: 2008										
Senate X President	Primary General Other (specify) ▼										
State: ND District: 0											
Full Name (Last, First, Middle Initial)  BOYD FOR CONGRESS						: D4076	67				
				M M	f Disburs	D /	Y Y	Y _	Υ		
Mailing Address P.O. Box 15703				0 5		10	. 2	0 ŏ 7			
,	State Zip Code FL 32317			Amour	nt of Eac	h Disburs	emen	t this P	eriod	_	
Purpose of Disbursement							1	1500.0	0		
Campaign contribution  Candidate Name		Category	,,								
Rep. F. Allen Boyd Jr.		Type	,								
	ment For: 2008 Primary General										
President	Other (specify)										
State: FL District: 2											
Full Name (Last, First, Middle Initial)  PETE STARK RE-ELECTION COMMITTEE					action ID of Disburg	: D3766 sement	80				
Mailing Address P.O. Box 8331				0 3	/ D	15	Ý Ž	0 ŏ 7	Y		
City Fremont	State Zip Code CA 94537			Amour	nt of Eacl	h Disburs	emen	t this P	eriod	_	
Purpose of Disbursement Campaign contribution	Г	•	$\neg$				Ę	5000.0	0		
Candidate Name Category/			//								
Rep. Fortney H. Stark		Туре									
-	ment For: 2008 Primary General										
President State: CA District: 13	Other (specify)										
State. OA DISTITUT. 13				_						_	
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	American Academy of Family Physicians F	Political Action Committe	e										
	Full Name (Last, First, Middle Initial)					Transa				-			
٩.	PALLONE FOR CONGRESS					Date of			nt		V .	V	
	Mailing Address PO BOX 3176					0 5		10		2	0 ŏ 7		
	,	State Zip Code NJ 07740				Amoun	t of Ead	ch Dis	burse	ment	this P	erioc	i
	Purpose of Disbursement									, 2	500.0	00	
	Campaign contribution Candidate Name		Cod	togon/	Ш								
	Rep. Frank Pallone Jr.			tegory/ ype									
	X X	ment For: 2008											
	Senate X President	Primary General Other (specify)											
	State: NJ District: 6	Carlor (oposity)											
_	Full Name (Last, First, Middle Initial)					Transa	ction I	<b>D</b> : D4	1079	)			
3.	GIFFORDS FOR CONGRESS					Date of			nt			17	
	Mailing Address PO Box 27565					06	/ [	18	/ L	ž	0 ŏ 7	Y	
	,	State Zip Code AZ 85726				Amoun	t of Ead	ch Dis	burse	ment	this P	erioc	ł
	Purpose of Disbursement	7.2 667.26								2	500.0	0	
	Campaign contribution		L		Ш								
	Candidate Name Rep. Gabrielle Giffords			tegory/ ype									
	, X	ment For: 2008											
	Senate X President	Primary General Other (specify)											
	State: AZ District: 8	Curior (opcomy)											
<b>)</b> .	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPA	AIGN				Transa Date of				)			
	Mallian Addison BO DOV 10100					0 <sup>M</sup> 3 M			/ Y	Ý	0 ŏ 7	Υ	
	Mailing Address PO BOX 16128					-							
	,	State Zip Code TX 77222				Amoun	t of Ead	ch Dis	burse	-		-	i
	Purpose of Disbursement Campaign contribution									2	500.0	00	
	Candidate Name Rep. Gene Green			tegory/ ype	'								
		ment For: 2008		720	$\dashv$								
		Primary General											
	State: TX District: 29	Other (specify)											
										7	500.0	n	$\overline{}$
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American Academy of Family Physicians	Political Action Committee									
Full Name (Last, First, Middle Initial)				Transa	action II	<b>D:</b> D476	41			
Jim Clyburn Campaign Committee					of Disbur		V 1	/ · V	V	
Mailing Address PO Box 12567				0 6		28	2	0 0 7		
City	State Zip Code			Amour	nt of Eac	h Disbur	semer	nt this P	eriod	
Columbia Purpose of Disbursement	SC 29211							2500.0	0	1
Campaign Contribution					-			-		
Candidate Name Rep. James Clyburn		Category Type	/							
A THE	ement For: 2008 Primary General									
President	Other (specify)									
State: SC District: 6										
Full Name (Last, First, Middle Initial)						<b>)</b> : D376	86			
WALSH FOR CONGRESS COMMITTEE					of Disbur		Υ ,	/ · Y	Υ	
Mailing Address 104 Hume Ave				0 3	"   '   _	19	2	0 0 7		
City Alexandria	State Zip Code VA 22301-1015			Amour	nt of Eac	h Disbur	semer	nt this P	eriod	Ξ
Purpose of Disbursement	22001 1010		_					1000.0	0	
Campaign contribution										
Candidate Name Rep. James T. Walsh		Category Type	′							
9 1	ement For: 2008									
Senate X President	Primary General Other (specify)									
State: NY District: 25	• · · · · (•   • · · · )									
Full Name (Last, First, Middle Initial)  JESSE JACKSON JR. FOR CONGRESS					action II	D: D4078	84			_
Mailing Address D.O. Day 400000					_		Y	0 ŏ 7	Υ	
Mailing Address P.O. Box 490286				-						
City Chicago	State Zip Code IL 60649			Amour	nt of Eac	h Disbur	semer	nt this P	eriod	1
Purpose of Disbursement Campaign contribution		-	7					2500.0	00	L
Candidate Name		Category	,							
Rep. Jesse Jackson Jr.		Type								
· ·	ement For: 2008  Primary General									
President	Other (specify)									
State: IL District: 2	· · · · · ·									
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American Academy of Family Physicians F	Political Action Committee										
Full Name (Last, First, Middle Initial)							41076	3			
FRIENDS FOR JIM MCDERMOTT						oursen		/ · Y	ν .	Υ	
Mailing Address PO Box 21786				0 <sup>M</sup> 6		1 8		2	0 ŏ 7		
	State Zip Code WA 98111			Amou	ınt of E	Each D	isburse	ment	this P	eriod	
Purpose of Disbursement	WA 90111			- Г				2	500.0	0	1
Campaign Contribution											
Candidate Name Rep. Jim McDermott		Categ Typ									
X	ment For: 2008										
Senate X President	Primary General Other (specify) ▼										
State: WA District: 7	, , , , , , , , , , , , , , , , , , ,										
Full Name (Last, First, Middle Initial)	TEE THE						40676	3			
3. CONGRESSMAN JOE BARTON COMMIT	IEE, IHE			Date M	of Disk	oursen		/ · V	V .	V	
Mailing Address P.O. Box 1444				0 4	IVI /	<sup>D</sup> 2 7		2	0 ŏ 7		
•	State Zip Code TX 75120			Amou	ınt of E	Each D	isburse	ment	this P	eriod	
Ennis Purpose of Disbursement	75120			$+$ $\Gamma$				1	500.0	0	1
Campaign contribution											
Candidate Name Rep. Joe Barton		Categ Typ	-								
	ment For: 2008										
Senate X President	Primary General Other (specify) ▼										
State: TX District: 6	(-  <b>)</b> / <b>∀</b>										
Full Name (Last, First, Middle Initial)  JOHN D. DINGELL FOR CONGRESS CO	MMITTEE					n ID: [	040987 nent	7			
Mailing Address 607 14th Street N.W.				0 <sup>M</sup> 6	M /	0 8	) / Y	ž	0 ŏ 7	Υ	
Mailing Address 607 14th Street N.W.				0 0					001		
City Washington	State Zip Code DC 20005			Amou	ınt of E	Each D	isburse	ment	this P	eriod	
Purpose of Disbursement Campaign contribution		•		<u> </u>				5	0.000	0	
Candidate Name		Categ	jory/								
Rep. John D. Dingell		Тур									
· -	ment For: 2008 Primary General										
Senate X President	Other (specify)										
State: MI District: 15											
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					90	0.00	0	]
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	• • • • • • • • • • • • • • • • • • • •							
۸.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PETERSON  Mailing Address 114 W. State Street				saction ID of Disburs		_	) Ď 7	Y
	PO BOX 295	State Zip Code		Amou	ınt of Eacl	Dichure	omont	thic D	oriod
	Pleasantville	PA 16341		Amou	IIII OI Eaci	Disburse			
	Purpose of Disbursement Campaign contribution			L.			10	0.00	0
	Candidate Name Rep. John E. Peterson		tegory/ ype						
		ement For: 2008 Primary General Other (specify)							
_	Full Name (Last, First, Middle Initial)				saction ID		9		
ο.	JOHN LEWIS FOR CONGRESS			_ M _	of Disburs		ΥΥΥ	Υ	Υ
	Mailing Address 2015 Wallace Rd.			0.5		10 /	2 (	) Ď 7	
	City Atlanta	State Zip Code GA 30331		Amou	ınt of Eacl	n Disburse			-
	Purpose of Disbursement Campaign contribution						25	500.0	0
	Candidate Name Rep. John Lewis		tegory/ ype						
	9 1	ement For: 2008 Primary General Other (specify)							
Э.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER			Date	saction ID of Disburs	ement	3		
	Mailing Address 236 Massachusetts Ave	NE		0 <sup>M</sup> 3	M / D	15	ž	) Ď 7	Y
	City Washington	State         Zip Code           DC         20002-4980		Amou	ınt of Eacl	n Disburse			-
	Purpose of Disbursement Campaign contribution			T L.			20	0.00	0
	Candidate Name Rep. John S. Tanner		tegory/ ype						
	X X	ment For: 2008 Primary General Other (specify)							
s	UBTOTAL of Disbursements This Page (optional)		 ▶				55	00.0	0
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check onli	NUMBER:		PAGE	149 /	162
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name							3
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political col	minuee to sc	mon continu	II)UII GIIUII	SUCIT COIT	mmuee	
American Academy of Family Physicians P	olitical Action Committee						
Full Name (Last, First, Middle Initial)  A. JOHN SULLIVAN FOR CONGRESS INC				isbursem	ent		
Mailing Address Post Office Box 470840			0 4	<sup>D</sup> 27	/ Y -	ž 0 ŏ 7	Y
Tulsa	State Zip Code OK 74147		Amount o	f Each Di	sburseme		-
Purpose of Disbursement Campaign contribution						1000.0	10
Candidate Name Rep. John Sullivan		Category/ Type					
Office Sought:  X House Senate President State: OK District: 1	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D	41070		
FRIENDS OF JOE PITTS			Date of D	isbursem	ent	Y Y _	Υ
Mailing Address PO BOX 775			0 6	18		ž 0 ŏ 7	
Unionville	State Zip Code PA 19375		Amount o	of Each Di	sburseme	nt this P 2500.0	-
Purpose of Disbursement Campaign contribution						2500.0	.0
Candidate Name Rep. Joseph R. Pitts	C	Category/ Type					
President	ment For: 2008 Primary General Other (specify) ▼						
State: PA District: 16  Full Name (Last, First, Middle Initial)					40000		
FRIENDS OF LOIS CAPPS			M M	isbursem	ent	YY	Υ
Mailing Address PO Box 23940			0 5	23		ž 0 ŏ 7	
Santa Barbara	State Zip Code CA 93121		Amount o	of Each Di	sburseme		
Purpose of Disbursement Campaign contribution					• • •	1000.0	10
Candidate Name Rep. Lois Capps		Category/ Type					
Office Sought:  X House Senate President State: CA District: 23	nent For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)		▶				4500.0	0
TOTAL This Period (last page this line number only)							

SCHEDULE B (I LCI OIIII 3A)	Use seperate schedule(s)	(check		UMBER	:	LP	AGE	150 /	162	
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Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name									<u> </u>	
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political col		Jaulic	it COLITIE	uu0115 11(	om Sucil	COITI	ınıı <del>ce</del>		
American Academy of Family Physicians P	olitical Action Committee									
Full Name (Last, First, Middle Initial)  MICHAEL BURGESS FOR CONGRESS  Mailing Address PO Box 2334					ction ID: Disburse		_	0 ŏ 7	Y	
	itate Zip Code			A 220 120	of Each	Diahura		+ +b:a D	oriod	
	tate Zip Code FX 76202			Amoun	. OI Eacii	Disburs			-	7
Purpose of Disbursement Campaign contribution							1	1000.0	00	
Candidate Name Rep. Michael C. Burgess		Category/ Type								
Office Sought:  X House Senate President State: TX District: 26	nent For: 2008 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)					ction ID:		34			
ROGERS FOR CONGRESS				M M	Disburse / D		Y <u>Y</u>	Y _	Υ	
Mailing Address Post Office Box 581				0 6		8 /	2	0 0 7		
•	itate Zip Code MI 48116			Amount	of Each	Disburs	emen	t this P	eriod	7
Purpose of Disbursement Campaign contribution			1				2	2500.0	00	
Candidate Name Rep. Michael J. Rogers	C	Category/ Type	_							
Office Sought:    X   House   Disburser   X     Senate   President     State: MI   District: 8	nent For: 2008 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)  NATHAN DEAL FOR CONGRESS				Date of	ction ID: Disburse	ement			_	
Mailing Address PO BOX 902 PO BOX 902				0 3 M	<sup>/</sup> <sup>D</sup> 2	21/	ž	0 ŏ 7	Y	
•	state Zip Code GA 30503			Amount	of Each	Disburs	emen	t this P	eriod	_
Purpose of Disbursement Campaign contribution		•	1				2	2000.0	00	
Candidate Name Rep. Nathan Deal		Category/ Type								
Office Sought: X House Disburser	nent For: 2008 Primary General Other (specify)	Nr. 5								
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				5	500.0	0	
TOTAL This Period (last page this line number only)			<b>-</b>							

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER:		PAGE	151 /	162
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem							
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political cor	mmillee to so	iicit contribui	JOHS HOIL	Such com	millee	
American Academy of Family Physicians P	olitical Action Committee						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D4	10761		
TIBERI FOR CONGRESS				)isburseme		v · v	V
Mailing Address 2021 E Dublin Granville F Ste 2000	Road		05	1 0 D		ž 0 ŏ 7	
	State Zip Code OH 43229		Amount o	of Each Dis	sburseme	nt this P	eriod
Purpose of Disbursement	511 45223					1000.0	0
Campaign contribution							
Candidate Name Rep. Patrick J. Tiberi		Category/ Type					
President	ment For: 2008 Primary General Other (specify) ▼						
State: OH District: 12							
Full Name (Last, First, Middle Initial)  GINGREY FOR CONGRESS			Date of D	ion ID: D4 isburseme	ent		
Mailing Address PO Box U			06	0 8	/ Y 2	ž o ŏ 7	Y
•	State Zip Code GA 30060		Amount o	of Each Dis			-
Purpose of Disbursement Campaign contribution						1000.0	0
Candidate Name Rep. Phil Gingrey		Category/ Type					
President	nent For: 2008 Primary General Other (specify)						
State: GA District: 11							
Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL			Date of D	ion ID: D4 isburseme	ent		
Mailing Address P.O. Box 101124			05	10	7 2	ž o ŏ 7	Y
•	State Zip Code L 60610		Amount o	of Each Dis			-
Purpose of Disbursement Campaign contribution	Γ					2500.0	0
Candidate Name Rep. Rahm Emanuel	C	Category/ Type					
Office Sought:  X House Senate President State: IL District: 5	ment For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)		▶				1500.0	0
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	TILDULL B (I LOI OIIII 3X)	Use seperate schedule(s)		FOR LIN (check o				L P	AGE	152 /	162	
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_	21b 27		22 X 28a	23 28b	24 28c		25 29	—	6 0b
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	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any pointed	COIII	mu <del>ce</del> lo	SUIIUII	COLITION	1110115 11(	Jili SUUII	COITI	ınıl <del>et</del>		
`	American Academy of Family Physicians F	Political Action Committe	e									
	Full Name (Last, First, Middle Initial)					Transac			6			
۸.	FRIENDS OF ROY BLUNT					Date of D			V V	, . <sub>Y</sub> .	Y	
	Mailing Address PO Box 50100					0 <sup>M</sup> 6 M	0	8 /	2	0 Ď 7		
	,	State Zip Code MO 65805				Amount	of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement	03803							2	2500.0	0	1
	Campaign contribution		L									
	Candidate Name Rep. Roy Blunt			egory/ ype								
	X	ment For: 2008 Primary General										
	President	Other (specify)										
	State: MO District: 7											_
_	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS					Transac			6			
						M M		2 /	Y Y	0 0 7	Υ	
	Mailing Address 7905 MALCOLM ROAD S					0 4	0	2	. 2	007		
	,	State Zip Code MD 20735				Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement					L			Ę	5000.0	00	
	Campaign contribution  Candidate Name		Cat	tegory/								
	Rep. Steny H. Hoyer			ype								
	ŭ //	ment For: 2008 Primary General										
	President	Other (specify)										
	State: MD District: 5											_
).	Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR C	CONGRESS				Transac Date of [			5			
	Mailing Address 200 North Main St. P.O.	Box 712				0 <sup>M</sup> 6 M	0	8 /	ž	0 ŏ 7	Y	
	,	State Zip Code IN 47960				Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement Campaign contribution								2	2500.0	00	
	Candidate Name		Cat	egory/								
	Rep. Steve Buyer			уре								
	· —	ment For: 2008 Primary General										
	President	Other (specify)										
	State: IN District: 4											_
sı	JBTOTAL of Disbursements This Page (optional) .			<b>•</b>	•				10	0.00.0	0	
TC	<b>OTAL</b> This Period (last page this line number only)			▶	•							

		DOLL B (I LOI OIIII 3X)	Use seperate schedule(s)		FOR LIN				LP	AGE	153 /	162
American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  To MALLEN FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 17766  City State Zip Code Portland ME 04112  Purpose of Disbursement Campaign contribution Cardidate Name Rep. Thomas H. Allen  Office Sought: X House President State: ME District: 1  Full Name (Last, First, Middle Initial)  Transaction ID: D40680 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D40675 Date of Disbursement ID: D40	TEMI	ZED DISBURSEMENTS			21b		22		igsquare	,	ı	—
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial) TOM ALLEN FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 17766  City Portland  Rep. Thomas H. Allen Office Sought: X House Senate President State: ME District: 1 Full Name (Last, First, Middle Initial) Transaction ID: D40680 Date of Disbursement this Period  Amount of Each Disbursement this Period  Type  Office Sought: X House Washington Purpose of Disbursement Campaign contribution Candidate Name Rep. Thomas H. Allen  Office Sought: X House Washington Purpose of Disbursement Campaign contribution Candidate Name Rep. Thomas H. Allen  Office Sought: X House President State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) State: OH District: 17 Full Name (Last, First, Middle Initial) Transaction ID: D40675 Date of Disbursement Initial Date of Disburse												5
American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial) TOM ALLEN FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 17766  City State Zip Code Portland ME 04112  Purpose of Disbursement Campaign contribution Cardidate Name Rep. Thomas H. Allen  Office Sought: X House President State: ME District: 1  Full Name (Last, First, Middle Initial) Transaction ID: D40680 Date of Disbursement ID: 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·	e and address of any political c	,011111	iiiiee io	SUIICIL	COITHIDE	1110115 111	on such	COIIII	milee	
Tom Allen FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 17766  City State Zip Code O4112  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Thromas H. Allen  Office Sought: X House District: 1  Full Name (Last, First, Middle Initial)  Tim RyAn FOR CONGRESS  Mailing Address 80 F St NW Suite 804  City State: ME District: 1  Full Name (Last, First, Middle Initial)  Caregory Type  Office Sought: X House Disbursement For: 2008  Mailing Address 80 F St NW Suite 804  City State: Zip Code DC 20001  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Tim Ryan  Office Sought: X House Senate President  State: OH District: 17  Full Name (Last, First, Middle Initial)  Transaction ID: D40675  Date of Disbursement this Period  Amount of Each Disbursement 1000.00  Transaction ID: D40675  Date of Disbursement 1000.00  Transaction ID: D40680  Date of Disbursement 1000.00  Date of D	\	, ,	Political Action Committee	)								
City Portland ME 04112 Purpose of Disbursement Campaign contribution Candidate Name Rep. Thomas H. Allen Office Sought:	<b>4.</b> TON	ALLEN FOR CONGRESS COMMITT	ΈΕ				Date of I	Disburse	ement		, , , , , , , , , , , , , , , , , , ,	Y
Portland ME 04112  Purpose of Disbursement Campaign contribution Candidate Name Rep. Thomas H. Allen  Office Sought:	Mailir	ng Address P.O. Box 17766					0 4	2	. /	. 2	007	
Campiagn contribution Candidate Name Rep. Thomas H. Allen  Office Sought:		land					Amount	of Each	Disburs			
Rep. Thomas H. Allen  Office Sought:	Cam	paign contribution								Ž	2500.0	00
Senate President State: ME District: 1  Full Name (Last, First, Middle Initial) Transaction ID: D40675 Date of Disbursement City Washington DC 20001 Purpose of Disbursement Campaign contribution Candidate Name Rep. Tim Ryan Office Sought:	Rep	Thomas H. Allen										
Tim RYAN FOR CONGRESS  Mailing Address 80 F St NW Suite 804  City Washington DC 20001  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Tim Ryan  Office Sought: X House Senate President State: OH District: 17  Full Name (Last, First, Middle Initial)  Tim MuRPHY FOR CONGRESS  Mailing Address PO Box 24551  City State Zip Code Disbursement For: 2008 Date of Disbursement this Period  Transaction ID: D40880 Date of Disbursement  Mailing Address PO Box 24551  City State Zip Code PA 15234  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Timothy F. Murphy  Office Sought: X House Senate President State: Other (specify) ▼  State: PA District: 18		Senate X President	Primary General									
Mailing Address 80 F St NW Suite 804  City State Zip Code 20001  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Tim Ryan  Office Sought: X House President State: OH District: 17  Full Name (Last, First, Middle Initial)  City PT State Zip Code PA 15234  Purpose of Disbursement For: 2008 Fanate President Fa	_	Name (Last, First, Middle Initial)				-	Transac	tion ID:	: D4067	'5		
City Washington	3. TIM	RYAN FOR CONGRESS								V - V	, · · ·	V
Washington DC 20001  Purpose of Disbursement Campaign contribution Candidate Name Rep. Tim Ryan  Office Sought:	Mailir	ng Address 80 F St NW Suite 804						່	27 ′	<u>'</u> 2	007	
Campaign contribution  Candidate Name Rep. Tim Ryan  Office Sought: X House Senate President State: OH District: 17  Full Name (Last, First, Middle Initial)  TIM MURPHY FOR CONGRESS  Mailing Address PO Box 24551  City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Timothy F. Murphy  Office Sought: X House Senate President State: PA District: 18  Disbursement For: 2008  Amount of Each Disbursement Into Period  Category/Type  Category/Type  Other (specify) Type  Other (specify) Type  Category/Type  Other (specify) Category/Type  Other (specify) Type  Other (specify) Type	,	hington					Amount	of Each	Disburs			
Rep. Tim Ryan  Office Sought:											1000.0	00
Senate President State: OH District: 17  Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address PO Box 24551  City Pttsburgh PA 15234  Purpose of Disbursement Campaign contribution Candidate Name Rep. Timothy F. Murphy Office Sought: X House Senate President State: PA District: 18  X Primary General Other (specify) ▼  Transaction ID: D40880 Date of Disbursement  Date of Disbursement Date of Disbursement Unity Paragraphy												
Full Name (Last, First, Middle Initial)  TIM MURPHY FOR CONGRESS  Mailing Address PO Box 24551  City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Timothy F. Murphy  Office Sought: X House Senate President State: PA District: 18  Transaction ID: D40880 Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Other (specify)  Other (specify)   Transaction ID: D40880 Date of Disbursement  Category/ Type  Category/ Type		Senate X President	Primary General									
City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Timothy F. Murphy  Office Sought: X House Senate President President State: PA District: 18  State Zip Code PA 15234  1000.00  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼	_	Name (Last, First, Middle Initial)						Disburs	ement	80		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Timothy F. Murphy  Office Sought:  X House President President State: PA  District: 18  PA  15234  1000.00  Category/ Type  Category/ Type  Category/ Type  Other (specify)  Type	Mailir	ng Address PO Box 24551					0 <sup>M</sup> 5 M	<sup>/</sup> 2	23 /	ÝŽ	0 0 7	Y
Campaign contribution  Candidate Name Rep. Timothy F. Murphy  Office Sought:  X House Senate President President State: PA  District: 18  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type		ourgh					Amount	of Each	Disburs	emen	t this P	eriod
Rep. Timothy F. Murphy  Office Sought: X House Senate President President State: PA District: 18  Disbursement For: 2008 General Other (specify) ▼							L				1000.0	00
Senate												
SUBTOTAL of Disbursements This Page (optional)		Senate X President	Primary General									
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE NUMB (check only one)	
	Detailed Summary Page	21b 22 27 28a	X 23
Any Information copied from such Reports and Star or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physician	s Political Action Committee		
Full Name (Last, First, Middle Initial)  A. PRICE FOR CONGRESS		Date	nsaction ID: D37666 e of Disbursement
Mailing Address P.O. Box 425		O <sup>M</sup> S	3 M / D 1 5 / Y Y Y O O 7 Y
City Roswell	State Zip Code GA 30077	Amo	ount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			1000.00
Candidate Name Rep. Tom Price		ategory/ Type	
Senate President	rsement For: 2008  X Primary General  Other (specify) ▼		
State: GA District: 6 Full Name (Last, First, Middle Initial)		Trar	nsaction ID: D40679
BECERRA FOR CONGRESS		M	e of Disbursement
Mailing Address P.O. Box 116	7.0	0"4	
City Hyattsville	State Zip Code MD 20781	Amo	ount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name			1000.00
Rep. Xavier Becerra		ategory/ Type	
Senate President	rsement For: 2008  X Primary General  Other (specify)		
State: CA District: 31  Full Name (Last, First, Middle Initial)			
REPUBLICAN MAIN STREET PARTNE	RSHIP PAC		nsaction ID: D37797 e of Disbursement
Mailing Address 1220 L St NW Ste 100-263		0 4	4 M / D D / Y Y Y Y Y Y
City Washington	State         Zip Code           DC         20005-4018	Amo	ount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			5000.00
Candidate Name		ategory/ Type	
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional	al)	<u>•</u>	7000.00
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER:		PAGE	155 / 1	62
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na							
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	no and address of any political co	minutee to So	non continuu	1011 611011	ouch COM	IIIIIEE	
American Academy of Family Physicians	Political Action Committee						
Full Name (Last, First, Middle Initial)				ion ID: D4			
FRIENDS OF BLANCHE LINCOLN				isburseme		, Y	7
Mailing Address PO BOX 3197			05	10	2	007	
City LITTLE ROCK	State Zip Code AR 72203		Amount o	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement						2500.0	)
Campaign contribution Candidate Name		Category/					
Sen. Blanche L. Lincoln	sement For: 2010	Туре					
	Reneral General						
President State: AR District: 0	Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D4	U883		
GRASSLEY COMMITTEE INC			Date of D	isburseme			
Mailing Address PO BOX 1000			05	<sup>D</sup> 23	/ 2	0 0 7	
City DES MOINES	State Zip Code IA 50304		Amount o	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement Campaign contribution						2500.0	)
Candidate Name Sen. Charles E. Grassley		Category/ Type					
	sement For: 2010  K Primary General  Other (specify) ▼						
State: IA District: 0							
Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS				ion ID: D4 isburseme			
Mailing Address PO BOX 586			06	18	/	0 0 7	
City HELENA	State Zip Code MT 59624		Amount o	of Each Dis			-
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American Academy of Family Physicians	Political Action Committee										
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