

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) 2021 Massachusetts Avenue, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20036

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD Date 05 08 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140251.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	140251.75									
(c) Total Receipts (from Line 19) .....	41462.86	41462.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	181714.61	181714.61								
7. Total Disbursements (from Line 31) .....	28551.46	28551.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	153163.15	153163.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	36804.98	36804.98
(i) Itemized (use Schedule A) .....	4657.88	4657.88
(ii) Unitemized .....	41462.86	41462.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	41462.86	41462.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	41462.86	41462.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41462.86	41462.86

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	551.46	551.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	551.46	551.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	28000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28551.46	28551.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28551.46	28551.46

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	41462.86	41462.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41462.86	41462.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	551.46	551.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	551.46	551.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Marcus G Abadie, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 117 Medical Cir		<b>Transaction ID: C204212</b>	
City Athens	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 75751-9003			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lakeland Medical Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Jerome W Bentz, MD</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2006	
Mailing Address 601 E 7th St PO Box 818		<b>Transaction ID: C202214</b>	
City Platte	State SD	Amount of Each Receipt this Period 250.00	
Zip Code 57369-2123			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Platte Health Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Ellen Sandra Brull, MD</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2006	
Mailing Address 830 Arbor Ln		<b>Transaction ID: C202220</b>	
City Glenview	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60025-3234			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ellen Sandra Brull, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 830 Arbor Ln		<b>Transaction ID:</b> C204604	
City Glenview	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60025-3234			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Theresa M Campbell, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2006	
Mailing Address 2200 N Kimball St Ste 400		<b>Transaction ID:</b> C202216	
City Mitchell	State SD	Amount of Each Receipt this Period 250.00	
Zip Code 57301-1199			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Adam Carlyle, MD		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2006	
Mailing Address PO Box 3014		<b>Transaction ID:</b> C174399	
City Ames	State IA	Amount of Each Receipt this Period 2500.00	
Zip Code 50010-3014			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Medicine East		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Andrew Carney, MD

Mailing Address 117 Medical cir

City Athens State TX Zip Code 75751-3407

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

Name of Employer Lakeland Medical Associates  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: C204213

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas W Curran, MD

Mailing Address 117 Medical Cir

City Athens State TX Zip Code 75751-9003

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

Name of Employer Lakeland Medical Associates  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: C204484

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Jose M David, MD

Mailing Address 804 Huntington Ct

City Albany State NY Zip Code 12203-6015

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

Name of Employer Prime Care Physicians  
Occupation Physicians

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2006

Transaction ID: C201865

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Jose M David, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 804 Huntington Ct		<b>Transaction ID:</b> C204627	
City State Zip Code Albany NY 12203-6015	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prime Care Physicians	Occupation Physicians		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joe D Davison, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2006	
Mailing Address 8200 W Central Ave Ste ONE		<b>Transaction ID:</b> C201901	
City State Zip Code Wichita KS 67212-3661	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Bradley J Fedderly, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2006	
Mailing Address 7901 N Mohawk Rd		<b>Transaction ID:</b> C201868	
City State Zip Code Milwaukee WI 53217-3125	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Covenant Medical Group	Occupation Family Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael O Fleming, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address The Family Doctors 8383 Millicent Way		<b>Transaction ID: C214393</b>	
City Shreveport	State LA	Amount of Each Receipt this Period 5000.00	
Zip Code 71115-5207			
FEC ID number of contributing federal political committee. C			
Name of Employer The Family Doctors	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Mary E Frank, MD</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2006	
Mailing Address 13 Park Ter		<b>Transaction ID: C174398</b>	
City Mill Valley	State CA	Amount of Each Receipt this Period 2500.00	
Zip Code 94941-2945			
FEC ID number of contributing federal political committee. C			
Name of Employer Primary Care Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Roland Adolph Goertz, MD</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2006	
Mailing Address 1600 Providence Dr		<b>Transaction ID: C201904</b>	
City Waco	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76707-2261			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Practice Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael H Hartsell, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 314 Tusculum Blvd		<b>Transaction ID: C204596</b>	
City State Zip Code Greenville TN 37745-3926	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Summit Medical Group	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Lori joan Heim, MD</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2006	
Mailing Address 10202 Wauna St SW		<b>Transaction ID: C173276</b>	
City State Zip Code Lakewood WA 98498-3853	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US air force	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Daniel J Heinemann, MD</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006	
Mailing Address 1305 W 18th St PO Box 5039		<b>Transaction ID: C201864</b>	
City State Zip Code Sioux Falls SD 57105-0401	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sioux Valley Health Systems	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Daniel J Heinemann, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 1305 W 18th St PO Box 5039		<b>Transaction ID:</b> C202359
City State Zip Code Sioux Falls SD 57105-0401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sioux Valley Health Systems	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel J Heinemann, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 1305 W 18th St PO Box 5039		<b>Transaction ID:</b> C204608
City State Zip Code Sioux Falls SD 57105-0401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sioux Valley Health Systems	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Norman L Jennings, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1166 Oval Dr		<b>Transaction ID:</b> C204485
City State Zip Code Athens TX 75751-3636	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lakeland Medical Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Norman B Kahn, Jr

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer AAFP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  

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

Transaction ID: C204600

Amount of Each Receipt this Period  

365.00
--------

**B.** Full Name (Last, First, Middle Initial)  
Rick Kellerman, MD

Mailing Address Dept of Family Medicine  
1010 N Kansas St

City Wichita State KS Zip Code 67214-3124

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

Name of Employer Kansas University School of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

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

Transaction ID: C201914

Amount of Each Receipt this Period  

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
Michael L Kennedy, MD

Mailing Address Mail Stop 4010  
3901 Rainbow Blvd

City Kansas City State KS Zip Code 66160-0004

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

Name of Employer Univ. of Kansas School of Medicine Occupation Assistant Professor Family Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

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

Transaction ID: C201869

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1615.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City Selmer State TN Zip Code 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

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

Transaction ID: C173259

Amount of Each Receipt this Period  
416.66

**B.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City Selmer State TN Zip Code 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

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

Transaction ID: C202211

Amount of Each Receipt this Period  
416.66

**C.** Full Name (Last, First, Middle Initial)  
James Darrel King, MD

Mailing Address 1 Prime Care Dr

City Selmer State TN Zip Code 38375-1864

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

Name of Employer Primecare Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

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

Transaction ID: C204578

Amount of Each Receipt this Period  
416.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1249.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Lori A Krome, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address P O Box 8		<b>Transaction ID:</b> C202217	
City Dell Rapids	State SD	Amount of Each Receipt this Period 250.00	
Zip Code 57022-0008		FEC ID number of contributing federal political committee. C	
Name of Employer Dell Rapids Medical Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Susan E Langbehn, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 808 Spencer Dr		<b>Transaction ID:</b> C175152	
City Iowa City	State IA	Amount of Each Receipt this Period 125.00	
Zip Code 52246-1820		FEC ID number of contributing federal political committee. C	
Name of Employer University of Iowa	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Susan E Langbehn, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 808 Spencer Dr		<b>Transaction ID:</b> C202212	
City Iowa City	State IA	Amount of Each Receipt this Period 365.00	
Zip Code 52246-1820		FEC ID number of contributing federal political committee. C	
Name of Employer University of Iowa	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	740.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Keith Jay Lehman, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address Archbold Med Group 121 Westfield Dr		<b>Transaction ID:</b> C204560
City Archbold State OH Zip Code 43502-1065	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Midwest Community Health Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Paul Lemmon, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 117 Medical Cir		<b>Transaction ID:</b> C204486
City Athens State TX Zip Code 75751-9003	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lakeland Medical Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Virgilio Licon, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address Salud Family Hlth Centers 1115 2nd St		<b>Transaction ID:</b> C204519
City Fort Lupton State CO Zip Code 80621-1745	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Salud Family Health Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Patricia Jean Lindholm, MD		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 615 S Mill St		Transaction ID: C175162	
City State Zip Code Fergus Falls MN 56537-2738	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fergus Falls Medical Group, PA	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia Jean Lindholm, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 615 S Mill St		Transaction ID: C201866	
City State Zip Code Fergus Falls MN 56537-2738	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fergus Falls Medical Group, PA	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 339 S Presa St		Transaction ID: C201809	
City State Zip Code San Antonio TX 78205-3425	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 339 S Presa St		Transaction ID: C202360	
City State Zip Code San Antonio TX 78205-3425		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Christus Health Care Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Leah Raye Mabry, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6	
Mailing Address 339 S Presa St		Transaction ID: C204612	
City State Zip Code San Antonio TX 78205-3425		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Christus Health Care Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael L Madden, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6	
Mailing Address 4907 Windermere Blvd		Transaction ID: C204601	
City State Zip Code Alexandria LA 71303-2459		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation L.S. U. HSC Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 117 Medical Cir

City Athens State TX Zip Code 75751-9003

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

Name of Employer  
Lakeland Medical Associates

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: C204487

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Renee L Markovich, MD

Mailing Address West Side Family Practice  
400 Wabash Ave

City Akron State OH Zip Code 44307-2433

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

Name of Employer  
Akron General Medical Center

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2006

Transaction ID: C204138

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
David A McInnes, MD

Mailing Address St Vincent Family Medicine Ctr  
2627 Riverside Ave

City Jacksonville State FL Zip Code 32204-4712

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

Name of Employer  
ST. VINCENT'S MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2006

Transaction ID: C173105

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Charles Ted Mettetal, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 117 Medical Cir		<b>Transaction ID:</b> C204488	
City Athens	State TX	Zip Code 75751-3645	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lakeland Medical Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dale C Moquist, MD		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2006	
Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400		<b>Transaction ID:</b> C175161	
City Houston	State TX	Zip Code 77074-1804	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MHHS	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dale C Moquist, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006	
Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400		<b>Transaction ID:</b> C202361	
City Houston	State TX	Zip Code 77074-1804	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MHHS	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 21 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address **Memorial Family Med Resident**  
**7737 Southwest Fwy Ste 400**

City **Houston** State **TX** Zip Code **77074-1804**

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

Name of Employer **MHHS** Occupation **Physician**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 27 / 2006**

**Transaction ID: C214392**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
Robert Milton Pallay, MD

Mailing Address **649 US Highway 206**

City **Hillsborough** State **NJ** Zip Code **08844-1520**

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

Name of Employer **Dimensional Healthcare** Occupation **Physician**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 11 / 2006**

**Transaction ID: C204520**

Amount of Each Receipt this Period  
**365.00**

**C.** Full Name (Last, First, Middle Initial)  
Daniel H Reiffenberger, MD

Mailing Address **4100 Golf Course Rd**

City **Watertown** State **SD** Zip Code **57201-5416**

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

Name of Employer **Brown Clinic** Occupation **Physician**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 22 / 2006**

**Transaction ID: C202355**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **830.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jon C Seager, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006	
Mailing Address 602 Church St SW		<b>Transaction ID: C214384</b>	
City State Zip Code North Canton OH 44720-2904	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Community Health Care Inc	Occupation Family Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Sevilla, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 2370 Southeast Blvd Family Practice Ctr of Salem		<b>Transaction ID: C204559</b>	
City State Zip Code Salem OH 44460-3418	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family Practice Center of Salem, Inc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>C. Nora M Smith, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address Cook Cty Hosp Dept Of Fam Prac 1900 W Polk St Fl 13		<b>Transaction ID: C204628</b>	
City State Zip Code Chicago IL 60612-3736	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cook County Bureau of Health Services	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14320 Norwood St

City Leawood State KS Zip Code 66224-3912

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

Name of Employer American Academy of Family Physicians Occupation Publishing executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2006

Transaction ID: C204140

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Donna Lippert Sullivan, MD

Mailing Address Ft Collins Fam Med Ctr  
1025 Pennock Pl

City Fort Collins State CO Zip Code 80524-3257

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

Name of Employer Ft. Collins Family Medicine Residency Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: C201902

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel A Walters, MD

Mailing Address 2304 E County Road 950 N

City Seymour State IN Zip Code 47274-9115

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

Name of Employer Caring Family Physicians Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: C202914

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address University Phys Grp Fishburn  
845 Fishburn Rd

City State Zip Code  
Hershey PA 17033-2015

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

Name of Employer Occupation  
Hershey Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: C204211

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Joanna S Weinstock, MD

Mailing Address PO Box 51

City State Zip Code  
Jericho VT 05465-0051

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

Name of Employer Occupation  
ALder Brook Family Health Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: C173200

Amount of Each Receipt this Period  
420.00

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

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

City State Zip Code  
Columbus OH 43201-4153

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

Name of Employer Occupation  
Ohio State University Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2006

Transaction ID: C201913

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5920.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 540 Woodfield Ct		<b>Transaction ID:</b> C201862	
City State Zip Code Columbus OH 43230-7009	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSU Family Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 540 Woodfield Ct		<b>Transaction ID:</b> C204562	
City State Zip Code Columbus OH 43230-7009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSU Family Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	36804.98

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D8630</b> Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	1		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852																					
Purpose of Disbursement credit card processing fee		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>0.89</td> </tr> </table>		Amount of Each Disbursement this Period	0.89																		
Amount of Each Disbursement this Period																							
0.89																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D8715</b> Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852																					
Purpose of Disbursement credit card processing fee		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>14.75</td> </tr> </table>		Amount of Each Disbursement this Period	14.75																		
Amount of Each Disbursement this Period																							
14.75																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D8716</b> Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	1		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852																					
Purpose of Disbursement credit card processing fee		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>3.60</td> </tr> </table>		Amount of Each Disbursement this Period	3.60																		
Amount of Each Disbursement this Period																							
3.60																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	19.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D8717</b> Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	7		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852																					
Purpose of Disbursement credit card processing fee		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>0.89</td> </tr> </table>		Amount of Each Disbursement this Period	0.89																		
Amount of Each Disbursement this Period																							
0.89																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D8718</b> Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	8		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852																					
Purpose of Disbursement credit card processing fee		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1.48</td> </tr> </table>		Amount of Each Disbursement this Period	1.48																		
Amount of Each Disbursement this Period																							
1.48																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D29893</b> Date of Disbursement																					
Mailing Address PO Box 53852		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852																					
Purpose of Disbursement credit card processing fee		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>10.77</td> </tr> </table>		Amount of Each Disbursement this Period	10.77																		
Amount of Each Disbursement this Period																							
10.77																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Other																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13.14
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D29894</b> Date of Disbursement MM / DD / YYYY 03 / 13 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2.95
City Phoenix	State AZ	
Zip Code 85072-3852		Category/ Type
Purpose of Disbursement credit card processing fee		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D29895</b> Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 25.52
City Phoenix	State AZ	
Zip Code 85072-3852		Category/ Type
Purpose of Disbursement credit card processing fee		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D29896</b> Date of Disbursement MM / DD / YYYY 03 / 17 / 2006
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 0.91
City Phoenix	State AZ	
Zip Code 85072-3852		Category/ Type
Purpose of Disbursement credit card processing fee		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	29.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D29899</b>	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 4.49
Purpose of Disbursement credit card processing fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>B. Bank Of America Merchant Services</b>		<b>Transaction ID: D29898</b>	
Mailing Address WA2-505-01-40 PO Box 2485		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006	
City Spokane	State WA	Zip Code 99210-2485	Amount of Each Disbursement this Period 28.00
Purpose of Disbursement Stop Payment Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C. Bank Of America Merchant Services</b>		<b>Transaction ID: D29892</b>	
Mailing Address WA2-505-01-40 PO Box 2485		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006	
City Spokane	State WA	Zip Code 99210-2485	Amount of Each Disbursement this Period 120.74
Purpose of Disbursement credit card processing fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>153.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 39

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank Of America Merchant Services</b>		<b>Transaction ID: D8714</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period <input type="text" value="139.41"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America Merchant Services</b>		<b>Transaction ID: D8628</b> Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Spokane	State WA	Zip Code 99210-2485
Purpose of Disbursement credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="167.13"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Discover Network</b>		<b>Transaction ID: D8629</b> Date of Disbursement
Mailing Address P O Box 52145		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Phoenix	State AZ	Zip Code 85072-2145
Purpose of Disbursement credit card processing fee		Amount of Each Disbursement this Period <input type="text" value="6.62"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="313.16"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 39

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement  
credit card processing fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: D29897

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**23.31**

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

**551.46**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Charles A. Gonzalez Congressional Committee</b>		<b>Transaction ID: D8657</b>	
Mailing Address PO Box 12612		Date of Disbursement MM / DD / YYYY 02 / 13 / 2006	
City San Antonio	State TX	Zip Code 78212	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. Charles A. Gonzalez			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 20		

Full Name (Last, First, Middle Initial) <b>B. Friends of Dave Weldon</b>		<b>Transaction ID: D8713</b>	
Mailing Address PO Box 968		Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
City Melbourne	State FL	Zip Code 32902	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. Dave Weldon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 15		

Full Name (Last, First, Middle Initial) <b>C. Jesse Jackson, Jr. for Congress</b>		<b>Transaction ID: D8705</b>	
Mailing Address 7016 S. Euclid Avenue		Date of Disbursement MM / DD / YYYY 03 / 03 / 2006	
City Chicago	State IL	Zip Code 60649	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution		Category/ Type	
Candidate Name Rep. Jesse Jackson Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 2		

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. McCrery for Congress</b>		Transaction ID: D17253 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address PO Box 4650		Amount of Each Disbursement this Period 2500.00	
City Shreveport State LA Zip Code 71134-0650	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Rep. Jim McCrery	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District: 4			

Full Name (Last, First, Middle Initial) <b>B. Schwarz for Congress</b>		Transaction ID: D8711 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address 6123 West Saginaw Highway		Amount of Each Disbursement this Period 1000.00	
City Lansing State MI Zip Code 48917	Purpose of Disbursement Campaign contribution	Category/ Type	
Candidate Name Rep. Joe Schwarz	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 7			

Full Name (Last, First, Middle Initial) <b>C. Hulshof for Congress</b>		Transaction ID: D8698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 1000.00	
City Columbia State MO Zip Code 65205	Purpose of Disbursement Campaign contribution	Category/ Type	
Candidate Name Rep. Kenny C. Hulshof	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 9			

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Foley</b>		<b>Transaction ID: D8656</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 30505		Amount of Each Disbursement this Period 1000.00
City State Zip Code Palm Beach Gardens FL 33420	Purpose of Disbursement Campaign contribution Candidate Name Rep. Mark Foley Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MIKE THOMPSON FOR CONGRESS</b>		<b>Transaction ID: D9018</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City State Zip Code Sacramento CA 95841	Purpose of Disbursement Campaign contribution Candidate Name Rep. Mike Thompson Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Johnson for Congress Campaign</b>		<b>Transaction ID: D8702</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 2000.00
City State Zip Code New Britain CT 06050	Purpose of Disbursement Campaign contribution Candidate Name Rep. Nancy L. Johnson Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal for Congress</b>		<b>Transaction ID: D8699</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO BOX 902 PO BOX 902		Amount of Each Disbursement this Period 2000.00
City GAINESVILLE State GA Zip Code 30503		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Patrick Kennedy</b>		<b>Transaction ID: D9014</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 400 C St NE Ste 201		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-5818		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Patrick J. Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1		Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Phil Gingrey for US Congress</b>		<b>Transaction ID: D8697</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00
City Marietta State GA Zip Code 30060		
Purpose of Disbursement Campaign contribution Candidate Name Rep. Phil Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11		Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Roy Blunt</b>		Transaction ID: D8712 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2500.00	
City Springfield State MO Zip Code 65805	Purpose of Disbursement Campaign contribution	Category/ Type	
Candidate Name Rep. Roy Blunt	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Hoosiers Supporting Buyer for Congress</b>		Transaction ID: D9016 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6	
Mailing Address PO Box 712		Amount of Each Disbursement this Period 1000.00	
City Monticello State IN Zip Code 47960	Purpose of Disbursement Campaign contribution	Category/ Type	
Candidate Name Rep. Steve Buyer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 4		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Sue Myrick for Congress</b>		Transaction ID: D17252 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address PO Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Rep. Sue Myrick	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. Tom Allen for Congress</b>		<b>Transaction ID: D9015</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address PO Box 17766		Amount of Each Disbursement this Period 1000.00
City Portland State ME Zip Code 04112	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Thomas H. Allen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PRICE FOR CONGRESS</b>		<b>Transaction ID: D9075</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Rep. Tom Price		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Arlen Specter</b>		<b>Transaction ID: D8704</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 426 C STREET NE CARRIAGE HOUSE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Sen. Arlen Specter		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 39

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Craig Thomas</b>		<b>Transaction ID: D9026</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address PO Box 1580		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82602	Purpose of Disbursement Campaign contribution Candidate Name Sen. Craig Thomas Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	
Category/ Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A Lot of People Who Support Jeff Bingaman (2000)</b>		<b>Transaction ID: D9017</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 2048		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87103	Purpose of Disbursement Campaign contribution Candidate Name Sen. Jeff Bingaman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District:	
Category/ Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends of Max Baucus</b>		<b>Transaction ID: D8700</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 2555		Amount of Each Disbursement this Period 2000.00
City Billings State MT Zip Code 59103	Purpose of Disbursement Campaign contribution Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	
Category/ Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	28000.00

Image# 26950104951

Form/Schedule: **F3XA**

Transaction ID:

Due to a software error, an on-line contribution of \$31.00 was not reflected in our April 2006 Quarterly report. We are filing an amendment to capture that contribution.

\*\*\*\*\*