

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) 1133 Connecticut Avenue, NW  
Suite 1100  
Washington DC 20036  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 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 Year-End 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 (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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 Hugh M Taylor MD

Signature of Treasurer Hugh M Taylor MD [Electronically Filed] Date 08 / 20 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="439447.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="406029.23"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19127.98"/>	<input type="text" value="295912.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="425157.21"/>	<input type="text" value="735359.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56946.58"/>	<input type="text" value="367148.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="368210.63"/>	<input type="text" value="368210.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Academy of Family Physicians Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12035.17	191651.95
(ii) Unitemized .....	6607.19	98236.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18642.36	289888.56
(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) .....	18642.36	289888.56
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).....	485.62	6023.47
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 Transfers (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))..... ▶	19127.98	295912.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19127.98	295912.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	446.58	5463.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	446.58	5463.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	361200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	485.00
(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	485.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	56946.58	367148.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56946.58	367148.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18642.36	289888.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	485.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18642.36	289403.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	446.58	5463.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	485.62	6023.47
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-39.04	-559.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 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**

**A. Janet R Albers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 612 Woodbridge Rd  
 City Springfield State IL Zip Code 62711-5666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIU SOM Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 27 / 2015**  
**Transaction ID : C3058089**  
 Amount of Each Receipt this Period **50.00**

**B. Boyd Lee Bailey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3782 County Road 65  
 City Valley Grande State AL Zip Code 36701-0326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAB/Selma Family Medicine Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 01 / 2015**  
**Transaction ID : C3040552**  
 Amount of Each Receipt this Period **365.00**

**C. Frederic Baker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Mark Cir  
 City Holden State MA Zip Code 01520-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMMHC Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **301.00**

Date of Receipt **07 / 06 / 2015**  
**Transaction ID : C3043424**  
 Amount of Each Receipt this Period **43.00**

**SUBTOTAL** of Receipts This Page (optional)..... **458.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

**A. Janice L Benson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4452 N Francisco Ave  
 City Chicago State IL Zip Code 60625-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northshore University Health System Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **415.00**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : C3047426**  
 Amount of Each Receipt this Period **365.00**

**B. Salvatore Bernardo Md Bernardo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Pin Oak Rd  
 City Freehold State NJ Zip Code 07728-9313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 15 / 2015**  
**Transaction ID : C3049365**  
 Amount of Each Receipt this Period **1000.00**

**C. Reid B Blackwelder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4407 Leedy Rd  
 City Kingsport State TN Zip Code 37664-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ETSU Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 14 / 2015**  
**Transaction ID : C3047881**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1465.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Family Physicians Political Action Committee**

**A. John M Byrd MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 N Spruce St  
 City Ogallala State NE Zip Code 69153-2465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Perkins County Health Systems Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : C3063082**  
 Amount of Each Receipt this Period  
 365.00

**B. Mary F Campagnolo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1561 Route 38 Ste 6  
 City Lumberton State NJ Zip Code 08048-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virtua Medical Group Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : C3043427**  
 Amount of Each Receipt this Period  
 125.00

**c. Po-Shen Chang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Monticello Dr  
 City Longview State WA Zip Code 98632-9522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Permanente Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : C3056712**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Family Physicians Political Action Committee**

**A. Steven A Crawford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 NE 10th St  
 City Oklahoma City State OK Zip Code 73104-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2015  
**Transaction ID : C3047531**  
 Amount of Each Receipt this Period  
 416.66

**B. Steven A Crawford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 NE 10th St  
 City Oklahoma City State OK Zip Code 73104-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : C3056559**  
 Amount of Each Receipt this Period  
 416.66

**C. Josephine Y Dinkha MBHB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6625 Golf Rd  
 City Morton Grove State IL Zip Code 60053-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : C3040530**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1198.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 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. Gavin Michael Ducker MD</b>		Date of Receipt
Mailing Address PO Box 2591		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : C3040575</b>
Waterville	ME	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="100.00"/>
	04903-2591	
Name of Employer	Occupation	
Inland Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gavin Michael Ducker MD</b>		Date of Receipt
Mailing Address PO Box 2591		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : C3056713</b>
Waterville	ME	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="200.00"/>
	04903-2591	
Name of Employer	Occupation	
Inland Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James A Ellzy MD</b>		Date of Receipt
Mailing Address 1351 Bryant St NE Apt 4		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : C3053997</b>
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="34.10"/>
	20018-1156	
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="238.70"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="334.10"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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. Wanda D Filer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Aqua Ct

City York State PA Zip Code 17403-3623

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

Name of Employer Strategic Health Institute Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2015**

**Transaction ID : C3046161**

Amount of Each Receipt this Period  
**350.00**

**B. Stephanie J Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5518 Butterfly Ln Apt 307  
2100 Erwin Road

City Durham State NC Zip Code 27707-9078

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

Name of Employer Blue Ridge Family Physicians Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2015**

**Transaction ID : C3056030**

Amount of Each Receipt this Period  
**30.42**

**C. Deborah Geismar Md Geismar MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 822 Monroe St

City Evanston State IL Zip Code 60202-2615

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

Name of Employer Self Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : C3040572**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **680.42**

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

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Boyde Jerome Harrison MD**

Mailing Address 904 26th St

City State Zip Code  
Haleyville AL 35565-1719

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : C3044387**

Amount of Each Receipt this Period  
84.00

Full Name (Last, First, Middle Initial)  
**B. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City State Zip Code  
Sioux Falls SD 57105-0401

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

Name of Employer Occupation  
Sioux Valley Health Systems Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : C3056560**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 54 Lawler Rd

City State Zip Code  
Medford MA 02155-2131

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

Name of Employer Occupation  
Boston Medical Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : C3056706**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	599.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 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	<input type="checkbox"/> 17

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

**A. David Standish Hoskins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2200  
 City Minden State NV Zip Code 89423-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2015  
**Transaction ID : C3043299**  
 Amount of Each Receipt this Period  
 30.00

**B. William G Jackson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6317 N Shiloh Rd  
 City Corinth State MS Zip Code 38834-8661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self employed Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : C3040571**  
 Amount of Each Receipt this Period  
 365.00

**C. Jessica Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3303 SW Hume St  
 City Portland State OR Zip Code 97219-3738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OHSU Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C3046162**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Family Physicians Political Action Committee**

**A. Stacia B Kagie DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 E Galveston St  
 City Gilbert State AZ Zip Code 85295-4819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : C3046923**  
 Amount of Each Receipt this Period  
 365.00

**B. Gregory King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Vail Rd  
 City Bennington State VT Zip Code 05201-9597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : C3044388**  
 Amount of Each Receipt this Period  
 55.00

**C. Thomas A Kintanar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10330 Schlatter Rd  
 City Leo State IN Zip Code 46765-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Family Medical Consultants Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : C3056721**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	785.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Gary L LeRoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 761 Kenilworth Ave  
 City Dayton State OH Zip Code 45405-4051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright State University Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : C3056705**  
 Amount of Each Receipt this Period **260.00**

**B. Robyn A Liu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 SE Stark St  
 City Portland State OR Zip Code 97214-1459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 05 / 2015**  
**Transaction ID : C3065416**  
 Amount of Each Receipt this Period **50.00**

**C. Geoffrey L Loman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2153 Hyland Ave  
 City Ventura State CA Zip Code 93001-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brent Street Family Practice Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 01 / 2015**  
**Transaction ID : C3040560**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>560.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Christopher M Mahr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3085 Firestone Ct  
 City Sumter State SC Zip Code 29150-7075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **337.50**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : C3047097**  
 Amount of Each Receipt this Period **40.50**

**B. Kevin B Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 219th Ave E  
 City Lake Tapps State WA Zip Code 98391-5634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Care Physician Services Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 26 / 2015**  
**Transaction ID : C3058041**  
 Amount of Each Receipt this Period **50.00**

**C. Anna M McMaster MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address U335 State Route 109  
 City Liberty Center State OH Zip Code 43532-8703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 01 / 2015**  
**Transaction ID : C3040553**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>455.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 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	<input type="checkbox"/> 17

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

**A. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2015  
**Transaction ID : C3040550**

Amount of Each Receipt this Period  
50.00

**B. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2015  
**Transaction ID : C3056698**

Amount of Each Receipt this Period  
75.00

**c. F Bradford Bradford Meyers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 414

City State Zip Code  
Jefferson WI 53549-0414

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2015  
**Transaction ID : C3053998**

Amount of Each Receipt this Period  
33.75

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Anne M Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44818 Oro Grande Cir  
 City Indian Wells State CA Zip Code 92210-7411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eisenhower Medical Associates Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 28 / 2015**  
**Transaction ID : C3062041**  
 Amount of Each Receipt this Period **250.00**

**B. Dale C Moquist MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4318 Lake Walk Ct  
 City Missouri City State TX Zip Code 77459-3268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **641.62**

Date of Receipt **07 / 09 / 2015**  
**Transaction ID : C3065415**  
 Amount of Each Receipt this Period **91.66**

**C. Warren Polk Newton MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 Granville Rd  
 City Chapel Hill State NC Zip Code 27514-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNC - Dept Of Family Medicine Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 01 / 2015**  
**Transaction ID : C3040573**  
 Amount of Each Receipt this Period **150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>491.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 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. Mary S Nguyen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5727 Welsch Vw  
 City San Antonio State TX Zip Code 78249-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medina Valley Family Practice Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **245.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C3042146**  
 Amount of Each Receipt this Period  
**35.00**

**B. Carl Raymond Olden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 S 72nd Ave  
 City Yakima State WA Zip Code 98908-1661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yakima Valley Memorial Hospital Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : C3044389**  
 Amount of Each Receipt this Period  
**100.00**

**c. Javette C Orgain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 806527  
 City Chicago State IL Zip Code 60680-4126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vitas Innovative Hospice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2015  
**Transaction ID : C3062042**  
 Amount of Each Receipt this Period  
**110.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>245.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 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	<input type="checkbox"/> 17

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

**A. Robert Chuck Rich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10  
 City Bladenboro State NC Zip Code 28320-0010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2015  
**Transaction ID : C3058006**  
 Amount of Each Receipt this Period  
**50.00**

**B. Elisabeth L Righter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 267 Park Dr  
 City Dayton State OH Zip Code 45410-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C3046163**  
 Amount of Each Receipt this Period  
**100.00**

**c. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2015  
**Transaction ID : C3053999**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 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	<input type="checkbox"/> 17

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

**A. Sarah L Sams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2994 Frazell Rd  
 City Hilliard State OH Zip Code 43026-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2015  
**Transaction ID : C3047431**  
 Amount of Each Receipt this Period  
 120.00

**B. Aaron Burl Shives MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 28th Ave SE  
 City Watertown State SD Zip Code 57201-8403  
 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 M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : C3040557**  
 Amount of Each Receipt this Period  
 365.00

**C. Linda Marie Siy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4133 Bilglade Rd  
 City Fort Worth State TX Zip Code 76109-5436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of North Texas Health Scien  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : C3065414**  
 Amount of Each Receipt this Period  
 36.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	521.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 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. Alois A Treybal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 Fairgrounds Rd  
 City Socorro State NM Zip Code 87801-4054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : C3040551**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Lloyd P Van Winkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 960  
 City Castroville State TX Zip Code 78009-0960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medina Valley Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C3042147**  
 Amount of Each Receipt this Period  
 50.00  
 Aggregate Year-to-Date ▼  
 350.00

**C. Bruce Alan Wallstedt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6323 Canterbury Close  
 City Brentwood State TN Zip Code 37027-4870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : C3047100**  
 Amount of Each Receipt this Period  
 36.50  
 Aggregate Year-to-Date ▼  
 182.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	336.50
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

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

**A. Kevin S Wang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1823 Terry Ave  
 Apt 1609  
 City Seattle State WA Zip Code 98101-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Swedish Medical Center Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : C3057712**  
 Amount of Each Receipt this Period  
**100.00**

**B. Mark Alan Ward MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 Las Vegas St  
 City Morro Bay State CA Zip Code 93442-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C3046164**  
 Amount of Each Receipt this Period  
**30.42**

**C. Randell K Wexler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Haybury Dr  
 City New Albany State OH Zip Code 43054-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio State University Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : C3055812**  
 Amount of Each Receipt this Period  
**750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>880.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Richard Andre Wherry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Tipton Dr  
 City Dahlonega State GA Zip Code 30533-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Health Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : C3045101**  
 Amount of Each Receipt this Period  
 250.00

**B. Herbert Foreman Young MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10313 Cherokee Ln  
 City Leawood State KS Zip Code 66206-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : C3057987**  
 Amount of Each Receipt this Period  
 265.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12035.17

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

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

FOR LINE NUMBER: PAGE 26 OF 39  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6023.47

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : C3062219**

Amount of Each Receipt this Period  
485.62

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	485.62
<b>TOTAL</b> This Period (last page this line number only).....▶	485.62

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : D167002**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

**Transaction ID : D167003**

Amount of Each Disbursement this Period

3.58

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

**Transaction ID : D167004**

Amount of Each Disbursement this Period

11.86

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

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

23.39

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : D167667**

Amount of Each Disbursement this Period

1.48

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : D167668**

Amount of Each Disbursement this Period

22.48

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : D167669**

Amount of Each Disbursement this Period

3.74

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

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

27.70

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

**Transaction ID : D167670**

Amount of Each Disbursement this Period

7.82

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

**Transaction ID : D167671**

Amount of Each Disbursement this Period

6.50

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

**Transaction ID : D167672**

Amount of Each Disbursement this Period

13.54

Category/  
Type

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

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

27.86

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

**Transaction ID : D167673**

Amount of Each Disbursement this Period

3.25

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : D167674**

Amount of Each Disbursement this Period

4.89

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : D167825**

Amount of Each Disbursement this Period

11.86

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

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

20.00

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

**Transaction ID : D167826**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

**Transaction ID : D167006**

Amount of Each Disbursement this Period

339.68

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

347.63

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

446.58

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Continuing America's Strength and Security PAC**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898-0505

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen Bill Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : D167625**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ALAN LOWENTHAL FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD., #1612

City State Zip Code  
LOS ANGELES CA 90048

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Alan Lowenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : D167635**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City State Zip Code  
Bowling Green KY 42102-9639

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : D167616**

Amount of Each Disbursement this Period

2500.00
---------

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

7500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DAVID ROUZER FOR CONGRESS**

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577-2267

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. David Rouzer**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167622**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DENNY HECK FOR CONGRESS**

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. Denny Heck**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167628**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BUTTERFIELD FOR CONGRESS**

Mailing Address 434 Fayetteville St

City Raleigh State NC Zip Code 27601-1701

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. G.K. Butterfield**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

**Transaction ID : D167615**

Amount of Each Disbursement this Period

2500.00
---------

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

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILIRAKIS FOR CONGRESS**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Gus Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167626**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. HAL ROGERS FOR CONGRESS**

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Harold Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167620**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. HUFFMAN FOR CONGRESS 2014**

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jared Huffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167630**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LARSON FOR CONGRESS**

Mailing Address 330 Main St

City Hartford State CT Zip Code 06106-1860

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. John B. Larson**

Office Sought:  House  
 Senate  
 President  
State: CT District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167631**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. JOE KENNEDY FOR CONGRESS**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459-0014

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Joseph P. Kennedy III**

Office Sought:  House  
 Senate  
 President  
State: MA District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167613**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

**Transaction ID : D167618**

Amount of Each Disbursement this Period

2500.00
---------

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

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Mike Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : D167619**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROSA DELAURO**

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511-6311

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Rosa DeLauro**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : D167627**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCOTT PETERS FOR CONGRESS**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024-0980

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Scott Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : D167632**

Amount of Each Disbursement this Period

2500.00
---------

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

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. STEVE ISRAEL FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Mailing Address PO Box 1400

**Transaction ID : D167629**

City Melville State NY Zip Code 11747-0092

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name

**Rep. Steve Israel**

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Mailing Address 426 C St NE  
Rear Building

**Transaction ID : D167614**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Mailing Address 509 MADISON AVE SUITE 1902

**Transaction ID : D167633**

City NEW YORK State NY Zip Code 10022

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name

**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President  
State: NY District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN THUNE**

Mailing Address PO Box 841

City State Zip Code  
Sioux Falls SD 57101-0841

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. John Thune**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : D167624**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MIKE CRAPO FOR US SENATE**

Mailing Address P.O. BOX 1948

City State Zip Code  
BOISE ID 83701

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Michael D. Crapo**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: ID District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : D167623**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. RICHARD BURR COMMITTEE; THE**

Mailing Address PO Box 5928

City State Zip Code  
Winston Salem NC 27113-5928

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : D167634**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008-0786

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : D167621

Amount of Each Disbursement this Period

5000.00
---------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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Category/  
Type

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

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

5000.00
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56500.00
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