

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

Check if different than previously reported. (ACC) Suite 1100

Washington DC 20036

2. **FEC IDENTIFICATION NUMBER ▼** C00411553 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> 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:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 10 / 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 M M M / D D D / Y Y Y Y Y Y 11 / 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.

Office Use Only									
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**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="363587.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64490.13"/>	<input type="text" value="388004.93"/>
(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="428077.52"/>	<input type="text" value="827452.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12781.19"/>	<input type="text" value="412155.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="415296.33"/>	<input type="text" value="415296.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

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).....	45766.91	259454.86
(ii) Unitemized	18192.12	121363.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63959.03	380818.30
(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)	63959.03	380818.30
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).....	531.10	7186.63
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))..... ▶	64490.13	388004.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64490.13	388004.93

DETAILED SUMMARY PAGE
of Disbursements

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	781.19	6870.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	781.19	6870.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	403700.00
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	1000.00	1585.00
(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)).....	1000.00	1585.00
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)) ..	12781.19	412155.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12781.19	412155.87

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)	63959.03	380818.30
34. Total Contribution Refunds (from Line 28(d))	1000.00	1585.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62959.03	379233.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	781.19	6870.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	531.10	7186.63
38. Net Operating Expenditures (subtract Line 37 from Line 36)	250.09	-315.76

**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 71
	<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. Kelly Alberda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Gorham St
 City Austin State TX Zip Code 78758-3760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Occupation 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
 10 / 24 / 2015
Transaction ID : C3178676
 Amount of Each Receipt this Period
 200.00

B. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : C3179610
 Amount of Each Receipt this Period
 50.00

C. Timothy J Alford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 Woodbriar Dr
 City Kosciusko State MS Zip Code 39090-9098
 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
 10 / 06 / 2015
Transaction ID : C3111046
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 71
	<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. Julie Kay Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 Chelmsford Ln
 City Saint Cloud State MN Zip Code 56301-9012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Cloud Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **730.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3178259
 Amount of Each Receipt this Period
365.00

B. Evan Ashkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1528 Pinecrest Rd
 City Durham State NC Zip Code 27705-5817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNC Chapel Hill Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : C3115989
 Amount of Each Receipt this Period
500.00

C. Brian S Bacak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9832 Florence Pl
 City Highlands Ranch State CO Zip Code 80126-3559
 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
 10 / 05 / 2015
Transaction ID : C3110438
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Frederic Baker MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2015 Transaction ID : C3110900
Mailing Address 32 Mark Cir		Amount of Each Receipt this Period 430.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) B. David Orrin Barbe MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : C3113567
Mailing Address 120 W 16th St		Amount of Each Receipt this Period 1000.00
City Mountain Grove	State MO	Zip Code 65711-1039
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Cedric T Barnes DO		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : C3181817
Mailing Address PO Box 337		Amount of Each Receipt this Period 36.50
City Milford	State DE	Zip Code 19963-0337
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.00	

SUBTOTAL of Receipts This Page (optional).....▶	1079.50
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 9 OF 71
	<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 W Beecher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 N Washington Ave
 City Madison State SD Zip Code 57042-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interlakes Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 01 / 2015**
Transaction ID : C3109089
 Amount of Each Receipt this Period **365.00**

B. 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 **1000.00**

Date of Receipt **10 / 14 / 2015**
Transaction ID : C3115556
 Amount of Each Receipt this Period **100.00**

C. Mott Parks Blair MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 E Westbrook St
 City Wallace State NC Zip Code 28466-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vidant Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : C3123611
 Amount of Each Receipt this Period **225.00**

SUBTOTAL of Receipts This Page (optional)..... **690.00**
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 10 OF 71
	<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. Karla L Booker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3945 Cranbrook Ct NW
 City Lilburn State GA Zip Code 30047-2696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gwinette Hospital System Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : C3110448
 Amount of Each Receipt this Period
 45.63

B. Julia Lett Boothe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14670 Bel Aire Est
 City Coker State AL Zip Code 35452-3514
 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
 10 / 05 / 2015
Transaction ID : C3110382
 Amount of Each Receipt this Period
 365.00

c. Lindsay Kathryn Botsford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2506 Hazard St
 City Houston State TX Zip Code 77019-6756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Hospital System Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : C3111307
 Amount of Each Receipt this Period
 31.00

SUBTOTAL of Receipts This Page (optional).....▶	441.63
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 11 OF 71
	<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. Susan H Boyle MD
Full Name (Last, First, Middle Initial)

Mailing Address 5303 Crown St

City Bethesda State MD Zip Code 20816-1407

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
 10 / 21 / 2015

Transaction ID : C3123559

Amount of Each Receipt this Period
 365.00

B. Margaret Spencer Brown MD
Full Name (Last, First, Middle Initial)

Mailing Address 3409 Clarksburg Dr

City Austin State TX Zip Code 78745-5809

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
 10 / 21 / 2015

Transaction ID : C3123583

Amount of Each Receipt this Period
 365.00

C. Terence Patrick Cahill MD
Full Name (Last, First, Middle Initial)

Mailing Address 525 N Moore St

City Blue Earth State MN Zip Code 56013-1819

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

Name of Employer UHD Clinics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : C3110869

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 71
	<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 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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110902
 Amount of Each Receipt this Period
125.00

B. David Adam Carlyle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Buchanan Dr
 City Ames State IA Zip Code 50010-4370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine East Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110882
 Amount of Each Receipt this Period
1250.00

C. Jennifer Lynn Casey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 W Lakeshore Dr
 City Port Clinton State OH Zip Code 43452-9382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magruder Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110859
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....	1740.00
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 13 OF 71
	<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. Suzanne Dawn Clayton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 47-682 Hui Kelu St
 Apt 9
 City Kaneohe State HI Zip Code 96744-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110979
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Barbara Sue Coats MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2324 W 13th St N
 City Wichita State KS Zip Code 67203-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wichita Clinic Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3179160
 Amount of Each Receipt this Period
 400.00
 Aggregate Year-to-Date ▼
 400.00

C. Richard L Corson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Arlene Ct
 City Hillsborough State NJ Zip Code 08844-3004
 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 / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : C3109137
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1130.00
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 14 OF 71
	<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. 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 ▼ 4999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : C3114283
 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 ▼ 4999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3121229
 Amount of Each Receipt this Period
 416.66

C. Jose M David MD
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : C3123636
 Amount of Each Receipt this Period
 833.00

SUBTOTAL of Receipts This Page (optional).....▶	1666.32
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 15 OF 71
	<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. Alex Jonathan Dickert MD
Full Name (Last, First, Middle Initial)

Mailing Address 6199 W Gulf To Lake Hwy

City State Zip Code
Crystal River FL 34429-2679

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

Name of Employer Occupation
Self 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
10 / 21 / 2015
Transaction ID : C3123577

Amount of Each Receipt this Period
365.00

B. Gretchen M Dickson MD
Full Name (Last, First, Middle Initial)

Mailing Address 2227 N Stoneybrook Ct

City State Zip Code
Wichita KS 67226-3617

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

Name of Employer Occupation
Univ. of Kansas School of Medicine 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
10 / 06 / 2015
Transaction ID : C3110863

Amount of Each Receipt this Period
365.00

C. L Allen Dobson MD
Full Name (Last, First, Middle Initial)

Mailing Address 599 Jackson St

City State Zip Code
Mt Pleasant NC 28124-9738

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

Name of Employer Occupation
CCNC, Inc. Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 07 / 2015
Transaction ID : C3111303

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. James A Ellzy MD		Date of Receipt
Mailing Address 1351 Bryant St NE Apt 4		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20018-1156
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3119655
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="34.10"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="341.00"/>	

Full Name (Last, First, Middle Initial) B. Susan E Even MD		Date of Receipt
Mailing Address 4200 E Richland Rd		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City Columbia	State MO	Zip Code 65201-9611
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3110876
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Troy Treanor Fiesinger MD		Date of Receipt
Mailing Address 14023 Southwest Fwy		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City Sugar Land	State TX	Zip Code 77478-3550
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3114284
Name of Employer Self		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="334.10"/>
TOTAL 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 17 OF 71
	<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. 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 **3150.00**

Date of Receipt **10 / 09 / 2015**
Transaction ID : C3113982
Amount of Each Receipt this Period **350.00**

B. Leonard Martin Finn MD
Full Name (Last, First, Middle Initial)
Mailing Address 42 Grasmere Rd
City Needham State MA Zip Code 02494-1806
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 **10 / 05 / 2015**
Transaction ID : C3110712
Amount of Each Receipt this Period **365.00**

C. 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 **304.20**

Date of Receipt **10 / 22 / 2015**
Transaction ID : C3123612
Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **745.42**
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 18 OF 71
	<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. Bradley P Fox MD
Full Name (Last, First, Middle Initial)

Mailing Address 3413 Cherry St

City Erie State PA Zip Code 16508-2678

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 ▼ **850.00**

Date of Receipt
10 / 06 / 2015

Transaction ID : C3110853

Amount of Each Receipt this Period
500.00

B. Bradley P Fox MD
Full Name (Last, First, Middle Initial)

Mailing Address 3413 Cherry St

City Erie State PA Zip Code 16508-2678

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 ▼ **850.00**

Date of Receipt
10 / 07 / 2015

Transaction ID : C3111335

Amount of Each Receipt this Period
350.00

C. Robert H Funke MD
Full Name (Last, First, Middle Initial)

Mailing Address 1144 Knollwood Ln

City Kingsport State TN Zip Code 37660-4509

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

Name of Employer Mountain Region Family Medicine
Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
10 / 12 / 2015

Transaction ID : C3115980

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 19 OF 71
	<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. Dianna L Fury MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Green Acres Ln
 City State Zip Code
 Bosque Farms NM 87068-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lovelace Medical Group Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3180943
 Amount of Each Receipt this Period
 50.00

B. James Spencer Gainey
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 Merrivale Ln
 City State Zip Code
 Spartanburg SC 29301-5363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Group of the Carolinas 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
 10 / 28 / 2015
Transaction ID : C3180764
 Amount of Each Receipt this Period
 365.00

C. James M Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Henderson Hill Rd
 City State Zip Code
 Newark DE 19711-5958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Medicine at Greenhill 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
 10 / 03 / 2015
Transaction ID : C3110330
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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:	PAGE 20 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Judith A Gravdal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 Dempster St
 City Park Ridge State IL Zip Code 60068-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Health Care Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3178262
 Amount of Each Receipt this Period
 50.00

B. J Robert Gray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Davis Tower Ste 400
 1923 S Utica Ave
 City Tulsa State OK Zip Code 74104-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St John Health System Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110889
 Amount of Each Receipt this Period
 100.00

C. J Robert Gray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Davis Tower Ste 400
 1923 S Utica Ave
 City Tulsa State OK Zip Code 74104-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St John Health System Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3178263
 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 71
	<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. Douglas J Gruenbacher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 510
 City Quinter State KS Zip Code 67752-0510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bluestem Medical, LLP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : C3110708
 Amount of Each Receipt this Period **365.00**

B. Connie H Hahn DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Hyalite View Dr
 City Bozeman State MT Zip Code 59718-7377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bozeman Deaconess Family Medicine and Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.72**

Date of Receipt **10 / 17 / 2015**
Transaction ID : C3119403
 Amount of Each Receipt this Period **52.14**

C. Jana M Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 399 Swede Gulch Dr
 City Libby State MT Zip Code 59923-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest CHC Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : C3110944
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **782.14**
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 22 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Boyde Jerome Harrison MD		Date of Receipt
Mailing Address 904 26th St		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Haleyville	AL	35565-1719
FEC ID number of contributing federal political committee.		Transaction ID : C3111308
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="840.00"/>
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="840.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Clare Arnot Hawkins MD		Date of Receipt
Mailing Address 6121 Annapolis St		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77005-3113
FEC ID number of contributing federal political committee.		Transaction ID : C3111739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sioux Falls	SD	57105-0401
FEC ID number of contributing federal political committee.		Transaction ID : C3178158
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
Sioux Valley Health Systems	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="599.00"/>
TOTAL 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 23 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Benjamin Tate Hinkle		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : C3109103
Mailing Address 1002 Hampton Fall Blvd Apt 1528		Amount of Each Receipt this Period 365.00
City Brownsboro	State AL	Zip Code 35741-8035
FEC ID number of contributing federal political committee. C		
Name of Employer UAB School of Medicine	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Eileen Horner Md Horner MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2015 Transaction ID : C3115981
Mailing Address 1609 NW 79th Cir		Amount of Each Receipt this Period 100.00
City Vancouver	State WA	Zip Code 98665-6626
FEC ID number of contributing federal political committee. C		
Name of Employer Dept of Veteran Affairs	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Thomas Hunt Md Hunt MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : C3111337
Mailing Address 2410 Fire Mesa St Ste 180		Amount of Each Receipt this Period 365.00
City Las Vegas	State NV	Zip Code 89128-9017
FEC ID number of contributing federal political committee. C		
Name of Employer UNSOM	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	830.00
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 24 OF 71
	<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. Jeanine S Huttner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Harroun Rd
 Ste 304
 City State Zip Code
 Sylvania OH 43560-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self 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
 10 / 21 / 2015
Transaction ID : C3123566
 Amount of Each Receipt this Period
 365.00

B. Marc D Irwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19420 Mockingbird Rd
 City State Zip Code
 Canyon TX 79015-5848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110885
 Amount of Each Receipt this Period
 125.00

C. Marc D Irwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19420 Mockingbird Rd
 City State Zip Code
 Canyon TX 79015-5848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3179132
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	615.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 71
	<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. Robert John Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7445 Allen Rd Ste 250
 City State Zip Code
 Allen Park MI 48101-1959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western Wayne Physicians PLC 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
 10 / 01 / 2015
Transaction ID : C3109084
 Amount of Each Receipt this Period
 365.00

B. Tracy Christine Jacobs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Malaga Ave
 City State Zip Code
 Birmingham AL 35209-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self 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
 10 / 05 / 2015
Transaction ID : C3110383
 Amount of Each Receipt this Period
 265.00

C. Paul Arthur James MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Butternut Ln
 City State Zip Code
 Iowa City IA 52246-2782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Iowa Professor
 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
 10 / 26 / 2015
Transaction ID : C3179159
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	995.00
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 26 OF 71
	<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. Christine M Jeffrey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 669 N 57th Ave
 City Omaha State NE Zip Code 68132-2037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110861
 Amount of Each Receipt this Period
500.00

B. James D Johns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 15th St NW
 City Canton State OH Zip Code 44703-1704
 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
 10 / 21 / 2015
Transaction ID : C3123556
 Amount of Each Receipt this Period
365.00

C. Dania Ann Spies Kamp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 37655 N Shoreland Rd
 City Sturgeon Lake State MN Zip Code 55783-3787
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : C3111306
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1115.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Gregory King MD

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 ▼ **440.00**

Date of Receipt
10 / 07 / 2015

Transaction ID : C3111309

Amount of Each Receipt this Period
55.00

Full Name (Last, First, Middle Initial)
B. Dieter Kreckel MD

Mailing Address 430 Franklin St

City Rumford State ME Zip Code 04276-2104

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

Name of Employer Swift River Healthcare
Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
10 / 05 / 2015

Transaction ID : C3110713

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Kimberly T Krohn MD

Mailing Address 2501 Brookside Dr

City Minot State ND Zip Code 58701-6822

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
10 / 22 / 2015

Transaction ID : C3123633

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **820.00**

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 28 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kaparaboyna Ashok Kumar MD		Date of Receipt
Mailing Address 18718 Needle Rock		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Antonio	TX	78258-4638
FEC ID number of contributing federal political committee.		Transaction ID : C3111463
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) B. Indumathi Kuncharapu MD		Date of Receipt
Mailing Address 1517 Mesa Verde Dr		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
League City	TX	77573-7043
FEC ID number of contributing federal political committee.		Transaction ID : C3110048
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) c. Marianne C LaBarbera MD		Date of Receipt
Mailing Address 1776 Richmond Rd		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Staten Island	NY	10306-2578
FEC ID number of contributing federal political committee.		Transaction ID : C3109085
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1095.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 29 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Joseph Ledwith MD		Date of Receipt
Mailing Address 14 Flynn Rd		M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2015
City	State	Zip Code
Franklin	MA	02038-2861
FEC ID number of contributing federal political committee.		Transaction ID : C3123569
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paula Leonard-Schwartz MD		Date of Receipt
Mailing Address 121 Madeline Rd		M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2015
City	State	Zip Code
Manchester	NH	03104-2017
FEC ID number of contributing federal political committee.		Transaction ID : C3109145
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		0.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Katherine R Lichtenberg DO, MPH		Date of Receipt
Mailing Address 601 Nirk Ave		M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2015
City	State	Zip Code
Kirkwood	MO	63122-5626
FEC ID number of contributing federal political committee.		Transaction ID : C3110991
C		Amount of Each Receipt this Period
		365.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 71
	<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

Full Name (Last, First, Middle Initial) A. Alvin B Lin MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 2410 Fire Mesa St Ste 180		Transaction ID : C3111332
City Las Vegas	State NV	Zip Code 89128-9017
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Robyn A Liu MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2015
Mailing Address 1604 SE Stark St		Transaction ID : C3183663
City Portland	State OR	Zip Code 97214-1459
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Jesus L Lizarzaburu MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 108 Kicotan Turn		Transaction ID : C3113558
City Yorktown	State VA	Zip Code 23693-2609
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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:	PAGE 31 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Steve Ray Lovelady MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8911 Forrestal Dr NE
 City Tuscaloosa State AL Zip Code 35406-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northriver Primary Care Associates Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3178275
 Amount of Each Receipt this Period
 100.00

B. Donald Reuben Lurye MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 E Schiller St
 City Elmhurst State IL Zip Code 60126-2816
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : C3115928
 Amount of Each Receipt this Period
 250.00

C. Jeffrey S Luther MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 E Spring St Ste 1
 City Long Beach State CA Zip Code 90806-1625
 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
 10 / 05 / 2015
Transaction ID : C3110437
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	715.00
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 32 OF 71
	<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. Baird Macaran
Full Name (Last, First, Middle Initial)
Mailing Address 2239 Fulham St
City Roseville State MN Zip Code 55113-3816
FEC ID number of contributing federal political committee. **C**
Name of Employer University of MN, FM&CH Occupation Family Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
10 / 01 / 2015
Transaction ID : C3109083
Amount of Each Receipt this Period
500.00

B. Ayaz T Madraswalla MD
Full Name (Last, First, Middle Initial)
Mailing Address 34 Professional Park Rd
City Storrs Mansfield State CT Zip Code 06268-1659
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 225.00

Date of Receipt
10 / 21 / 2015
Transaction ID : C3122877
Amount of Each Receipt this Period
25.00

c. 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 459.00

Date of Receipt
10 / 10 / 2015
Transaction ID : C3114183
Amount of Each Receipt this Period
40.50

SUBTOTAL of Receipts This Page (optional)..... **565.50**
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 33 OF 71
	<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. Douglas Wayne Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 War Eagle Dr
 City State Zip Code
 Sioux City IA 51109-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnityPoint Clinic Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3180954
 Amount of Each Receipt this Period
 50.00

B. Kevin B Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 219th Ave E
 City State Zip Code
 Lake Tapps WA 98391-5634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Life Care Physician Services Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3178999
 Amount of Each Receipt this Period
 50.00

C. Debra R McClain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17381 Darden Rd
 City State Zip Code
 South Bend IN 46635-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Unity Surgeon & Medical Hospital Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3180956
 Amount of Each Receipt this Period
 100.00

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 34 OF 71
	<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 S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City Brent State AL Zip Code 35034-0289
 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 **1025.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110866
 Amount of Each Receipt this Period
125.00

B. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City Brent State AL Zip Code 35034-0289
 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 **1025.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : C3118811
 Amount of Each Receipt this Period
25.00

C. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City Brent State AL Zip Code 35034-0289
 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 **1025.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3179134
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	175.00
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 35 OF 71
	<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. F Bradford Bradford Meyers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 414
 City Jefferson State WI Zip Code 53549-0414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **334.75**

Date of Receipt **10 / 19 / 2015**
Transaction ID : C3119461
 Amount of Each Receipt this Period **33.75**

B. F Bradford Bradford Meyers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 414
 City Jefferson State WI Zip Code 53549-0414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **334.75**

Date of Receipt **10 / 31 / 2015**
Transaction ID : C3183408
 Amount of Each Receipt this Period **31.00**

C. Aaron J Michelfelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 W 3rd St
 City Elmhurst State IL Zip Code 60126-2550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Family physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **10 / 10 / 2015**
Transaction ID : C3114196
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional).....▶	429.75
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 36 OF 71
	<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. Deborah E Miller Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Tamer Ln
 City Glenview State IL Zip Code 60025-3768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3179133
 Amount of Each Receipt this Period
 500.00

B. Michael Wayne Montesi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 E Sunflower Rd
 City Cleveland State MS Zip Code 38732-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : C3122789
 Amount of Each Receipt this Period
 250.00

C. 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 Occupation
 Eisenhower Medical Associates 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
 10 / 28 / 2015
Transaction ID : C3180626
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 37 OF 71
	<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. 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 **916.60**

Date of Receipt **10 / 09 / 2015**
Transaction ID : C3114324
 Amount of Each Receipt this Period **91.66**

B. Shani Ife Muhammad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 E Perrin Ave Apt 104
 City Fresno State CA Zip Code 93720-5053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kings Winery Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.15**

Date of Receipt **10 / 05 / 2015**
Transaction ID : C3110449
 Amount of Each Receipt this Period **45.63**

C. LeeAnna Irvine Muzquiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38580 Dubay Rd
 City Polson State MT Zip Code 59860-6937
 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 **10 / 06 / 2015**
Transaction ID : C3111047
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **502.29**
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:	PAGE 38 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Sachidanandan Sachidanandan Naidu Naidu
 Full Name (Last, First, Middle Initial)
 Mailing Address 11701 Mill Hollow Ct
 City Oklahoma City State OK Zip Code 73131-7526
 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
 10 / 07 / 2015
Transaction ID : C3111439
 Amount of Each Receipt this Period
 365.00

B. Julio E Navarro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 927 Mather Dr
 City Bear State DE Zip Code 19701-4945
 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
 10 / 05 / 2015
Transaction ID : C3110692
 Amount of Each Receipt this Period
 365.00

c. 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : C3109929
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	765.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Noreen Ellen O'Shea DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6136 Oakwood Dr
 City Urbandale State IA Zip Code 50322-8203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110880
 Amount of Each Receipt this Period
 365.00

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 Self Employed
 Occupation 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
 10 / 07 / 2015
Transaction ID : C3111310
 Amount of Each Receipt this Period
 100.00

C. Beth Loney Oller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 N 8th St
 City Stockton State KS Zip Code 67669
 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 ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110977
 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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michael Austin Oller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 N 8th St
 City Stockton State KS Zip Code 67669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Solomon Valley Family Medicine--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
 10 / 06 / 2015
Transaction ID : C3110945
 Amount of Each Receipt this Period
 365.00

B. David C Olson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address S68W17729 Marybeck Ln
 City Muskego State WI Zip Code 53150-8508
 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 ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : C3113561
 Amount of Each Receipt this Period
 365.00

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 ▼ 990.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : C3180627
 Amount of Each Receipt this Period
 110.00

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 41 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Lauren Denee Oshman MD, MPH

Mailing Address 140 School St

City State Zip Code
Concord NH 03301-2911

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 ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015
Transaction ID : C3179137

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. James A Ouellette MD

Mailing Address 14 Jones Hollow Rd Ste 1

City State Zip Code
Marlborough CT 06447-1448

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

Name of Employer Occupation
ProHealth Physicians FamilyPhysician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015
Transaction ID : C3180957

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Arnold I Pallay MD

Mailing Address Co Off Condo's # C-3 170 CHANGEBRIDGE RD

City State Zip Code
Montville NJ 07045-9115

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

Name of Employer Occupation
Changebridge Medical Associate, PA 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
10 / 07 / 2015
Transaction ID : C3111304

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 71
	<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. Douglas S Parks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 E 18th St
 City Cheyenne State WY Zip Code 82001-4775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wyoming 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
 10 / 08 / 2015
Transaction ID : C3113578
 Amount of Each Receipt this Period
300.00

B. Kent A Petrie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 142
 City Avon State CO Zip Code 81620-0142
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : C3118813
 Amount of Each Receipt this Period
250.00

C. Kami S Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Fieldstone Dr
 City Gardner State MA Zip Code 01440-1283
 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : C3110688
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 43 OF 71
	<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. Christine C Ponzio MD
Full Name (Last, First, Middle Initial)

Mailing Address 1007 Iverson Circle

City Salinas	State CA	Zip Code 93902-0646
-----------------	-------------	------------------------

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

Name of Employer Gonzales Medical Group	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

Transaction ID : C3110873

Amount of Each Receipt this Period

365.00

B. Nicole Marie Pressman-Schneider MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 670143

City Chugiak	State AK	Zip Code 99567-0143
-----------------	-------------	------------------------

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
10		21		2015

Transaction ID : C3123586

Amount of Each Receipt this Period

365.00

C. Marc D Price DO
Full Name (Last, First, Middle Initial)

Mailing Address 2388 Route 9

City Mechanicville	State NY	Zip Code 12118-3433
-----------------------	-------------	------------------------

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 ▼ **265.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

Transaction ID : C3113573

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional).....▶	995.00
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 44 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda W Prine MD		Date of Receipt
Mailing Address 175 W 92nd St Apt 4B		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City New York	State NY	Zip Code 10025-7522
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3123572
Name of Employer Self		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) B. Michelle Quiogue MD		Date of Receipt
Mailing Address 2460 Pine St		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Bakersfield	State CA	Zip Code 93301-2742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3114184
Name of Employer SCPMG		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="36.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="292.00"/>

Full Name (Last, First, Middle Initial) C. Lee P Ralph MD		Date of Receipt
Mailing Address 6699 Alvarado Rd Ste 2100		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City San Diego	State CA	Zip Code 92120-5238
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3110450
Name of Employer SD Sports Medicine and Family Health		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="286.50"/>
TOTAL 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 45 OF 71
	<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. Keith M Ratcliff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 864 Kleekamp Ln
 City Washington State MO Zip Code 63090-5560
 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
 10 / 06 / 2015
Transaction ID : C3110989
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Srikar T Reddy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 W Grand River Ave
 City Brighton State MI Zip Code 48116-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 4-Serv Family Medicine PC Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110903
 Amount of Each Receipt this Period
 45.63
 Aggregate Year-to-Date ▼
 273.78

C. Leonard Daniel Reeves MD
 Full Name (Last, First, Middle Initial)
 Mailing Address GA Health Sciences Univ MCG NW GA
 Heritage hall 415 E Third Avenue
 City Rome State GA Zip Code 30161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GHSU Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : C3113564
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 910.63
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 46 OF 71
	<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. 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 ▼ 450.00

Date of Receipt
10 / 25 / 2015
Transaction ID : C3178858

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 ▼ 900.00

Date of Receipt
10 / 09 / 2015
Transaction ID : C3113983

Amount of Each Receipt this Period
100.00

C. Robert R Rodak DO
Full Name (Last, First, Middle Initial)

Mailing Address 6445 Pepper Ct

City Erie State PA Zip Code 16505-2673

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
10 / 07 / 2015
Transaction ID : C3111447

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00

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: PAGE 47 OF 71
(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. Glenn Sumner Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 0235 SW Canby St
 City Portland State OR Zip Code 97219-2947
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : C3113575
 Amount of Each Receipt this Period
 500.00

B. Bard L Rogers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 N Bryan St
 City Borger State TX Zip Code 79007-4010
 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
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3178277
 Amount of Each Receipt this Period
 365.00

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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : C3119656
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 915.00
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 48 OF 71
	<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. 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 **1080.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : C3114209
 Amount of Each Receipt this Period **120.00**

B. Kathleen Ann Saradarian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 Mattison Reservoir Ave
 City Branchville State NJ Zip Code 07826-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quality Family Practice Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : C3110978
 Amount of Each Receipt this Period **365.00**

C. Dennis F Saver MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1265 36th St
 City Vero Beach State FL Zip Code 32960-6574
 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 **10 / 05 / 2015**
Transaction ID : C3110699
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **850.00**
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 49 OF 71
	<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. Madalyn Schaeffgen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Newgate Dr
 City Allentown State PA Zip Code 18103-9263
 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
 10 / 07 / 2015
Transaction ID : C3111448
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date 365.00

B. Christine C Schaller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Poplar Dr
 City Grangeville State ID Zip Code 83530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NIFP Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 26 / 2015
Transaction ID : C3181008
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date 365.00

C. Jesse Taylor Schonau
 Full Name (Last, First, Middle Initial)
 Mailing Address 9260 Regents Rd Unit G
 City La Jolla State CA Zip Code 92037-1494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 16 / 2015
Transaction ID : C3118834
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date 365.00

SUBTOTAL of Receipts This Page (optional)..... 1095.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Benjamin Powell Schrubbe MD		Date of Receipt 10 / 12 / 2015 Transaction ID : C3115984
Mailing Address 219 Pinecrest Ln		Amount of Each Receipt this Period 100.00
City Fairhope	State AL	Zip Code 36532-1407
FEC ID number of contributing federal political committee. C		
Name of Employer Daphne Family Practice	Occupation Family 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. Michelle Lynn Sell MD		Date of Receipt 10 / 06 / 2015 Transaction ID : C3110931
Mailing Address 2510 18th Ave		Amount of Each Receipt this Period 250.00
City Central City	State NE	Zip Code 68826-2123
FEC ID number of contributing federal political committee. C		
Name of Employer Lone Tree Medical Clinic	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sonya M Sidhu-Izzo MD		Date of Receipt 10 / 26 / 2015 Transaction ID : C3181009
Mailing Address 14 Mcechron Ln Apt B16C		Amount of Each Receipt this Period 365.00
City Queensbury	State NY	Zip Code 12804-9004
FEC ID number of contributing federal political committee. C		
Name of Employer TEAMHealth Hospital Medicine	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	715.00
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 51 OF 71
	<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. 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 **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : C3183661
 Amount of Each Receipt this Period
36.50

B. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 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 **2160.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : C3110615
 Amount of Each Receipt this Period
100.00

C. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 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 **2160.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3111336
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	236.50
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 52 OF 71
	<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. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 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 ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : C3111333
 Amount of Each Receipt this Period
 100.00

B. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 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 ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : C3114210
 Amount of Each Receipt this Period
 200.00

C. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 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 ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : C3118838
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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:	PAGE 53 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Glen R Stream 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 physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : C3122778
 Amount of Each Receipt this Period
250.00

B. Raja Talati Md Talati MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 SW Classico Ct
 City Port Saint Lucie State FL Zip Code 34986-2338
 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 **227.50**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : C3114185
 Amount of Each Receipt this Period
32.50

C. Stacy J Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 E Cotton Hill Rd
 City New Hartford State CT Zip Code 06057-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Hungerford Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : C3108741
 Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional).....	313.50
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 54 OF 71
	<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. Michael P Temporal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 Beartooth Cir
 City Laurel State MT Zip Code 59044-9665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Billings Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.15**

Date of Receipt **10 / 06 / 2015**
Transaction ID : C3110904
 Amount of Each Receipt this Period **45.63**

B. Kate DuChene Thoma MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1021 Ryan Ct
 City Iowa City State IA Zip Code 52246-2847
 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 **10 / 06 / 2015**
Transaction ID : C3110884
 Amount of Each Receipt this Period **365.00**

C. Jean Wilbur Tsigonis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Noble St
 City Fairbanks State AK Zip Code 99701-4948
 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 **500.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : C3110380
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **910.63**
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 55 OF 71
	<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. Douglas Vacek DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Scottsdale Rd
 City Reno State NV Zip Code 89512-1474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pershing General Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 01 / 2015**
Transaction ID : C3109080
 Amount of Each Receipt this Period **365.00**

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)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 02 / 2015**
Transaction ID : C3109930
 Amount of Each Receipt this Period **50.00**

C. William H Vetter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 E Locust St
 City Emmett State ID Zip Code 83617-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walter Knox Memorial Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **267.00**

Date of Receipt **10 / 08 / 2015**
Transaction ID : C3112898
 Amount of Each Receipt this Period **31.00**

SUBTOTAL of Receipts This Page (optional)..... **446.00**
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: PAGE 56 OF 71
(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. Bruce Alan Wallstedt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Canterbury Close
 City State Zip Code
 Brentwood TN 37027-4870
 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 ▼
 292.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : C3114186
 Amount of Each Receipt this Period
 36.50

B. Kevin S Wang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 Terry Ave
 Apt 1609
 City State Zip Code
 Seattle WA 98101-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swedish Medical Center Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2015
Transaction ID : C3178677
 Amount of Each Receipt this Period
 100.00

C. Lisa Maria Ward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 Janet Way
 City State Zip Code
 Santa Rosa CA 95405-7205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3179148
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 386.50
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 57 OF 71
	<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. R W Watkins MD
Full Name (Last, First, Middle Initial)

Mailing Address 230 Cezanne Dr

City Blowing Rock State NC Zip Code 28605

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 ▼ 1000.00

Date of Receipt
10 / 08 / 2015
Transaction ID : C3113568

Amount of Each Receipt this Period
1000.00

B. Earl Mark Watts MD
Full Name (Last, First, Middle Initial)

Mailing Address 2726 Cornwallis Ave SE

City Roanoke State VA Zip Code 24014-3342

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
10 / 08 / 2015
Transaction ID : C3113559

Amount of Each Receipt this Period
365.00

C. John Michael Watts MD
Full Name (Last, First, Middle Initial)

Mailing Address 121 Bishop St

City Corbin State KY Zip Code 40701-1702

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 ▼ 1000.00

Date of Receipt
10 / 06 / 2015
Transaction ID : C3110940

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 71
	<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. Thomas J Weida MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 Fishburn Rd
 City Hershey State PA Zip Code 17033-2015
 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 ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : C3114285
 Amount of Each Receipt this Period
 46.00

B. Dean Angela Weldon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 288 SW Judson Dr
 City Oak Harbor State WA Zip Code 98277-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhyAmerica and US Navy 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
 10 / 26 / 2015
Transaction ID : C3179161
 Amount of Each Receipt this Period
 365.00

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 ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : C3109082
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	911.00
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:	PAGE 59 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. 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 ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : C3112899
 Amount of Each Receipt this Period
 250.00

B. Walter Steven Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Carl Vinson Pkwy
 City Warner Robins State GA Zip Code 31088-5817
 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 M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : C3179519
 Amount of Each Receipt this Period
 365.00

C. Peter A S Winn 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, College of Med 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
 10 / 26 / 2015
Transaction ID : C3179151
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 71
	<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. Brooke Wong
Full Name (Last, First, Middle Initial)

Mailing Address 2845 Royal Sage Ct

City Reno State NV Zip Code 89503-6835

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

Name of Employer Nevada Academy of Family Physicians Occupation Executive Director

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
 10 / 07 / 2015

Transaction ID : C3111305

Amount of Each Receipt this Period
 365.00

B. Theodore E Wymyslo MD, FAAFP
Full Name (Last, First, Middle Initial)

Mailing Address 968 Ridge Crest Dr

City Gahanna State OH Zip Code 43230-4549

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : C3113574

Amount of Each Receipt this Period
 200.00

c. Dennis Buford Yelvington MD
Full Name (Last, First, Middle Initial)

Mailing Address 1609 N Medical Dr

City Stuttgart State AR Zip Code 72160-3274

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

Name of Employer Self Employed Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : C3110436

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1065.00
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 61 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jeffrey S Zavala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6334 Golden Eagle Way
 City Billings State MT Zip Code 59106-2256
 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
 10 / 06 / 2015
Transaction ID : C3111137
 Amount of Each Receipt this Period
 365.00

B. Steven C Zweig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 E Richland Rd
 City Columbia State MO Zip Code 65201-9611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of MO Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3110878
 Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional).....▶	615.00
TOTAL This Period (last page this line number only).....▶	45766.91

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

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

FOR LINE NUMBER: PAGE 62 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
 7186.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : C3178253

Amount of Each Receipt this Period
 531.10

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	531.10
TOTAL This Period (last page this line number only).....▶	531.10

**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
10 / 02 / 2015

Transaction ID : D168617

Amount of Each Disbursement this Period

6.83

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
10 / 05 / 2015

Transaction ID : D168618

Amount of Each Disbursement this Period

137.48

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
10 / 06 / 2015

Transaction ID : D168619

Amount of Each Disbursement this Period

13.65

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

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

157.96

**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
10 / 09 / 2015

Transaction ID : D169010

Amount of Each Disbursement this Period

43.93

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
10 / 13 / 2015

Transaction ID : D169011

Amount of Each Disbursement this Period

133.90

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
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
10 / 13 / 2015

Transaction ID : D169012

Amount of Each Disbursement this Period

14.35

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

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

192.18

**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
10 / 13 / 2015

Transaction ID : D169013

Amount of Each Disbursement this Period

1.48

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
10 / 14 / 2015

Transaction ID : D169014

Amount of Each Disbursement this Period

1.32

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
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
10 / 15 / 2015

Transaction ID : D169015

Amount of Each Disbursement this Period

6.50

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

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

9.30

**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
10 / 16 / 2015

Transaction ID : D169016

Amount of Each Disbursement this Period

15.17

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
10 / 19 / 2015

Transaction ID : D169017

Amount of Each Disbursement this Period

3.25

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
10 / 23 / 2015

Transaction ID : D169018

Amount of Each Disbursement this Period

13.54

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

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

31.96

**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
10 / 28 / 2015

Transaction ID : D169019

Amount of Each Disbursement this Period

3.25

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
10 / 30 / 2015

Transaction ID : D169020

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
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
10 / 26 / 2015

Transaction ID : D169281

Amount of Each Disbursement this Period

62.91

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

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

74.11

**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. 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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : D168604

Amount of Each Disbursement this Period

315.68

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

315.68

781.19

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

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

FOR LINE NUMBER:
(check only one)

<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. COMMON VALUES PAC

Mailing Address 1020 N Fairfax St
Ste 201

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : D168916

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MAKING AMERICA PROSPEROUS PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : D168915

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ben Ray Lujan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : D168914

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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 JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : D168918

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LANCE FOR CONGRESS

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : D168917

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

11000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Paula Leonard-Schwartz MD

Mailing Address 121 Madeline Rd

City Manchester State NH Zip Code 03104-2017

Purpose of Disbursement
Refund of contribution made 10/1/2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : D169280

Amount of Each Disbursement this Period

1000.00

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00