

**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="2016"/>		417217.01
(b) Cash on Hand at Beginning of Reporting Period.....	394730.16	
(c) Total Receipts (from Line 19)	49092.50	217867.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	443822.66	635084.83
7. Total Disbursements (from Line 31).....	9059.19	200321.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	434763.47	434763.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39564.06	150937.08
(ii) Unitemized	8632.60	63433.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48196.66	214370.84
(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)	48196.66	214370.84
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).....	895.84	3496.98
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))..... ▶	49092.50	217867.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49092.50	217867.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1194.19	3690.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1194.19	3690.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	194500.00
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	365.00	2131.25
(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)).....	365.00	2131.25
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)) ..	9059.19	200321.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9059.19	200321.36

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)	48196.66	214370.84
34. Total Contribution Refunds (from Line 28(d))	365.00	2131.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47831.66	212239.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1194.19	3690.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	895.84	3496.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298.35	193.13

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

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

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

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

A. Julie Kay Anderson MD, FAAFP
 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 Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3297907
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Kathleen Mary Ankers MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Haggetts Pond Rd
 City Andover State MA Zip Code 01810-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Air Force - Veterans Health Affairs Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299624
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Steve Bartz MD, RPh, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Pine Ridge Dr
 City Janesville State WI Zip Code 53545-0777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3299047
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. John L Bender MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 4674 Snow Mesa Dr Ste 140
 City Fort Collins State CO Zip Code 80528-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Miramont Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299043
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Reid B Blackwelder MD, FAAFP
 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 **400.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : C3295615
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Kathleen A Bliese Walk MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Lakeside Dr
 City Grand Island State NE Zip Code 68801-8536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299607
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 8 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laura Morgan Carlyle Bowshier MD

Mailing Address 25 W Hickman Rd

City State Zip Code
 Waukee IA 50263-5020

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

Name of Employer Occupation
 Self Employed Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : C3297392

Amount of Each Receipt this Period
 365.00

Memo Item

Full Name (Last, First, Middle Initial)
B. David Adam Carlyle MD, FAFAP

Mailing Address PO BOX 3014

City State Zip Code
 Ames IA 50010-3014

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

Name of Employer Occupation
 Family Medicine East Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : C3299614

Amount of Each Receipt this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Lee M Carter MD, FAFAP

Mailing Address PO BOX 506

City State Zip Code
 Huntingdon TN 38344-0506

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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016

Transaction ID : C3290133

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3865.00

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 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yushu Jack Chou MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 Baldwin Park Blvd
 City Baldwin Park State CA Zip Code 91706-5806
 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 **2500.00**

Date of Receipt **04 / 18 / 2016**
Transaction ID : C3297391
 Amount of Each Receipt this Period **2500.00**
 Memo Item

B. Samuel L Church MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1217
 City Hiawassee State GA Zip Code 30546-1217
 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 **04 / 18 / 2016**
Transaction ID : C3297405
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Andrew Cook MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Augusta Ave
 City Richmond State VA Zip Code 23230-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299609
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3115.00
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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven A Crawford MD, FAAFP
 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 **1666.64**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3297444
 Amount of Each Receipt this Period **416.66**
 Memo Item

B. John S Cullen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1829
 City Valdez State AK Zip Code 99686-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3297976
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Jason B Dees DO, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Douglass Dr
 City Jackson State MS Zip Code 39211-6412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magnolia Health Plan Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3500.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299040
 Amount of Each Receipt this Period **3500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4916.66
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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Andrea M DeSantis DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 Lexington Ave
 City Charlotte State NC Zip Code 28203-4835
 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 **600.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3298012
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Wanda D Filer MD, MBA, F
 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 **1400.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : C3305891
 Amount of Each Receipt this Period **350.00**
 Memo Item

C. David J Gabriel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12600 Hill Country Blvd # R103
 City Austin State TX Zip Code 78738-6723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Family Physicians Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 04 / 2016**
Transaction ID : C3289521
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1215.00
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 12 OF 39
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A. Corrine M Ganske MD, FAAFP
Full Name (Last, First, Middle Initial)
Mailing Address 840 E University Ave
City Des Moines State IA Zip Code 50316-2304
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Health Des Moines Occupation Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2016
Transaction ID : C3290125
Amount of Each Receipt this Period 250.00
 Memo Item

B. Corrine M Ganske MD, FAAFP
Full Name (Last, First, Middle Initial)
Mailing Address 840 E University Ave
City Des Moines State IA Zip Code 50316-2304
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Health Des Moines Occupation Family Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2016
Transaction ID : C3299610
Amount of Each Receipt this Period 250.00
 Memo Item

c. Carolyn N Gaughan CAE
Full Name (Last, First, Middle Initial)
Mailing Address E Dir KS AFP Bldg 1046 - C
7570 W 21st St N 1046C
City Wichita State KS Zip Code 67205-1734
FEC ID number of contributing federal political committee. **C**
Name of Employer Kansas Academy of Family Physicians Occupation Chapter Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 19 / 2016
Transaction ID : C3297436
Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
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	<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 William Gerber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1890 Waite St
 City North Bend State OR Zip Code 97459-1229
 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 04 / 20 / 2016
Transaction ID : C3299622
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Roland Adolph Goertz MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Providence Dr
 City Waco State TX Zip Code 76707-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2016
Transaction ID : C3297385
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Janice R Gomersall MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Fort Missoula Rd Ste 101
 City Missoula State MT Zip Code 59804-7424
 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 04 / 18 / 2016
Transaction ID : C3297398
 Amount of Each Receipt this Period 500.00
 Memo Item

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 14 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Robert T Gorman MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 271 Grove Ave
 City Verona State NJ Zip Code 07044-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vasngard Medical 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
 04 / 18 / 2016
Transaction ID : C3297404
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Vito Grasso CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Osborne Rd
 City Albany State NY Zip Code 12211-1844
 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
 04 / 18 / 2016
Transaction ID : C3297388
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Lynn S Gray MD, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 9875 Wildberry Ln
 City Berrien Springs State MI Zip Code 49103-9154
 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
 04 / 19 / 2016
Transaction ID : C3297441
 Amount of Each Receipt this Period
 365.00
 Memo Item

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 15 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. John Allan Gross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 15th Ave NE
 City Saint Petersburg State FL Zip Code 33704-4707
 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
 04 / 18 / 2016
Transaction ID : C3297021
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Daniel J Heinemann MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5039
 City Sioux Falls State SD Zip Code 57117-5039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sioux Valley Health Systems Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : C3290241
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. Susan Hogeland CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address Exec Vice Pres CA AFP
 1520 Pacific Ave
 City San Francisco State CA Zip Code 94109-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Academy of Family Physician Occupation Administrator
 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
 04 / 19 / 2016
Transaction ID : C3299114
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	824.00
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 16 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Po-Yin Samuel Huang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 Cahuenga Blvd E
 Apt 4109
 City Los Angeles State CA Zip Code 90068-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCPMG Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3299108
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Rebecca Jaffe MD, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Limestone Rd Ste 300
 City Wilmington State DE Zip Code 19808-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rebecca Jaffe and Asso, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 06 / 2016**
Transaction ID : C3290141
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Chad Duane Johanning MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4951 W 18Th St
 City Lawrence State KS Zip Code 66047-2090
 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 **04 / 19 / 2016**
Transaction ID : C3298011
 Amount of Each Receipt this Period **365.00**
 Memo Item

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 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dania Ann Spies Kamp MD, FAAFP
 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 **465.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3297440
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Barbara A Keber MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Saint Andrews Ln
 City Glen Cove State NY Zip Code 11542-2254
 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 **04 / 18 / 2016**
Transaction ID : C3297386
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Anne L Kittendorf MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 999 Marshall Lakes Dr
 City Dexter State MI Zip Code 48130-8410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3299106
 Amount of Each Receipt this Period **365.00**
 Memo Item

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 18 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter J Koopman MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2325 Smiley Ln
 City Columbia State MO Zip Code 65202-1947
 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 **04 / 18 / 2016**
Transaction ID : C3297389
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Jay Won Lee MD, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address MemorialCare Medical Group
 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 UC Irvine School of Medicine Occupation Associate Clinical Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3299113
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Lynne Marie B Lillie MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 9485 Lake Rd
 City Woodbury State MN Zip Code 55125-9034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 18 / 2016**
Transaction ID : C3297406
 Amount of Each Receipt this Period **1000.00**
 Memo Item

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 19 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jesus L Lizarzaburu MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Grafton Dr
 City Yorktown State VA Zip Code 23692-2152
 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
 04 / 18 / 2016
Transaction ID : C3297378
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Sarah E Lowery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Colton Ct
 City Waunakee State WI Zip Code 53597-2678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wildwood Clinic Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : C3290122
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Jeffrey S Luther MD, FAAFP
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2016
Transaction ID : C3291902
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	880.00
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 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Susan Clymer McMullen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Municipal Dr Ste 300
 City Gun Barrel City State TX Zip Code 75156-3703
 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 **04 / 06 / 2016**
Transaction ID : C3290120
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. John S Meigs MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 City Brent State AL Zip Code 35034-0289
 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 **525.00**

Date of Receipt **04 / 06 / 2016**
Transaction ID : C3290148
 Amount of Each Receipt this Period **25.00**
 Memo Item

c. John S Meigs MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 City Brent State AL Zip Code 35034-0289
 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 **525.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3297977
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	490.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John S Meigs MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 City State Zip Code
 Brent AL 35034-0289
 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2016
Transaction ID : C3299613
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Lloyd Michener MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 2914 DUMC
 City State Zip Code
 Durham NC 27710-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duke University Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : C3290145
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Anne M Montgomery MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 39000 Bob Hope Dr
 City State Zip Code
 Rancho Mirage CA 92270-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eisenhower Medical Associates Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : C3290165
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
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 23 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Javette C Orgain MD, MPH, F
 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 **270.00**

Date of Receipt **04 / 03 / 2016**
Transaction ID : C3289395
 Amount of Each Receipt this Period **135.00**
 Memo Item

B. Jennifer Lee Packing-Ebuen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 E 4th Ave
 City Tampa State FL Zip Code 33605-5016
 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 **04 / 18 / 2016**
Transaction ID : C3297407
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Elissa J Palmer MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 Fire Mesa St Ste 180
 City Las Vegas State NV Zip Code 89128-9017
 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 **04 / 18 / 2016**
Transaction ID : C3297387
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	865.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Michelle Quiogue MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2460 Pine St
 City Bakersfield State CA Zip Code 93301-2742
 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 **04 / 18 / 2016**
Transaction ID : C3297410
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Leonard Daniel Reeves MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 E 3Rd Ave Heritage Hall
 City Rome State GA Zip Code 30161-3241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GHSU Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 18 / 2016**
Transaction ID : C3297390
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Pamela G Rockwell DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3039 Override Dr
 City Ann Arbor State MI Zip Code 48104-4125
 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 **04 / 18 / 2016**
Transaction ID : C3297393
 Amount of Each Receipt this Period **365.00**
 Memo Item

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 25 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Robert R Rodak DO, FAAFP
 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 Occupation
 UPMC Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 04 / 19 / 2016
Transaction ID : C3299053
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Bard L Rogers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4990 Hermosura
 City Los Alamos State NM Zip Code 87544-3882
 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 ▼
 550.00

Date of Receipt
 04 / 11 / 2016
Transaction ID : C3291901
 Amount of Each Receipt this Period
 550.00
 Memo Item

C. Dennis F Salisbury MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 S Crystal St Ste 300
 City Butte State MT Zip Code 59701-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. James Healthcare Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 04 / 19 / 2016
Transaction ID : C3299347
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3415.00
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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sarah L Sams MD, FAAFP
 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 Ohio Health Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 06 / 2016
Transaction ID : C3290166
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Neel Shah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22220 Riverglade Dr
 City Watertown State NY Zip Code 13601-1773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Samaritan Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 19 / 2016
Transaction ID : C3299052
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Robert Skully MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7940 Palmer Rd Sw
 City Reynoldsburg State OH Zip Code 43068-3254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grant Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2016
Transaction ID : C3290118
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	965.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph Douglas Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1751 Erickson Ave
 City Harrisonburg State VA Zip Code 22801-8555
 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 **370.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299617
 Amount of Each Receipt this Period **370.00**
 Memo Item

B. Diane Marie Steere MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 936 N Stratford Ln
 City Wichita State KS Zip Code 67206-1459
 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 **40.55**

Date of Receipt **04 / 18 / 2016**
Transaction ID : C3297375
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Diane Marie Steere MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 936 N Stratford Ln
 City Wichita State KS Zip Code 67206-1459
 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 **40.55**

Date of Receipt **04 / 19 / 2016**
Transaction ID : C3298138
 Amount of Each Receipt this Period **40.55**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **775.55**
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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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. Gregory J Steinmetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Bluff Ave
 City Cranston State RI Zip Code 02905-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APCM 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
 04 / 06 / 2016
Transaction ID : C3290128
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Windel Stracener MD, FAAFP
 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 Wayne County Health Department Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 654.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : C3289424
 Amount of Each Receipt this Period
 218.19
 Memo Item

C. Glen R Stream MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 45280 Seeley Dr
 City La Quinta State CA Zip Code 92253-6834
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : C3289425
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	718.19
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 29 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. David Ethan Swee MD, FAFAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 675 Hoes Ln W # R-114
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 11 / 2016**
Transaction ID : C3291975
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Erica Williams Swegler MD, FAFAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4104 Harcourt Dr
 City Austin State TX Zip Code 78727-5940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **04 / 16 / 2016**
Transaction ID : C3296573
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Erica Williams Swegler MD, FAFAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4104 Harcourt Dr
 City Austin State TX Zip Code 78727-5940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : C3299154
 Amount of Each Receipt this Period **52.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gabrielle Vencel Olson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Willmar Ave Sw
 City Willmar State MN Zip Code 56201-3556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Affiliated Community Medical Centers
 Occupation: Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 06 / 2016
Transaction ID : C3290127
 Amount of Each Receipt this Period: 265.00
 Memo Item

B. Kevin S Wang MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 158C 22nd Ave
 City Seattle State WA Zip Code 98122-6036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Swedish Medical Center
 Occupation: Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 24 / 2016
Transaction ID : C3301078
 Amount of Each Receipt this Period: 100.00
 Memo Item

C. randell K Wexler MD, MPH, F
 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: physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 30 / 2016
Transaction ID : C3304989
 Amount of Each Receipt this Period: 750.00
 Memo Item

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: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Richard Andre Wherry MD, FAAFP
 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 ▼ 1000.00

Date of Receipt 04 / 18 / 2016
Transaction ID : C3305892
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kevin Michael Wong MD, CMD, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 Connor Dr
 City Jeannette State PA Zip Code 15644-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2016
Transaction ID : C3296726
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kim K Yu MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 26030 Island Lake Dr
 City Novi State MI Zip Code 48374-2161
 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 ▼ 406.00

Date of Receipt 04 / 18 / 2016
Transaction ID : C3297408
 Amount of Each Receipt this Period 41.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1291.00
TOTAL This Period (last page this line number only).....	39564.06

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

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

FOR LINE NUMBER: PAGE 32 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼
 3496.98

Date of Receipt
 04 / 25 / 2016
Transaction ID : C3303337

Amount of Each Receipt this Period
 895.84

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	895.84
TOTAL This Period (last page this line number only).....▶	895.84

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : D172508

Amount of Each Disbursement this Period

4.39

Memo Item

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2016

Transaction ID : D172509

Amount of Each Disbursement this Period

7.09

Memo Item

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2016

Transaction ID : D172510

Amount of Each Disbursement this Period

1.30

Memo Item

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

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

12.78

**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
04 / 11 / 2016

Transaction ID : D172511

Amount of Each Disbursement this Period

3.95

Memo Item

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
04 / 11 / 2016

Transaction ID : D172512

Amount of Each Disbursement this Period

1.01

Memo Item

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
04 / 13 / 2016

Transaction ID : D172513

Amount of Each Disbursement this Period

3.25

Memo Item

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

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

8.21

**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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2016

Transaction ID : D172514

Amount of Each Disbursement this Period

17.88

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : D173380

Amount of Each Disbursement this Period

92.66

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2016

Transaction ID : D173381

Amount of Each Disbursement this Period

170.60

Memo Item

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

281.14

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 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2016

Transaction ID : D173382

Amount of Each Disbursement this Period

2.76

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : D173383

Amount of Each Disbursement this Period

6.50

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2016

Transaction ID : D173384

Amount of Each Disbursement this Period

7.95

Memo Item

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

17.21

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 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

Date of Disbursement

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

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

City Spokane State WA Zip Code 99210-2485

Transaction ID : D172170

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

8	7	4	.	8	5
---	---	---	---	---	---

Candidate Name

Category/
Type

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Candidate Name

Category/
Type

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--	--	--	--	--	--

Purpose of Disbursement

Candidate Name

Category/
Type

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

8	7	4	.	8	5
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1	1	9	4	.	1	9
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. VAN HOLLEN FOR SENATE

Mailing Address 10605 Concord St
Ste 202

City Kensington State MD Zip Code 20895-2526

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Chris Van Hollen

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

Date of Disbursement

/ /

Transaction ID : D172445

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW
Ste 307

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼
State: MD District: 05

Date of Disbursement

/ /

Transaction ID : D172444

Amount of Each Disbursement this Period

Memo Item

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

/ /

Amount of Each Disbursement this Period

Memo Item

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

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 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. Diane Marie Steere MD

Mailing Address 936 N Stratford Ln

City State Zip Code
Wichita KS 67206-1459

Purpose of Disbursement
Refund of incorrectly entered 4/18/16 donation

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
04 / 19 / 2016

Transaction ID : D172490

Amount of Each Disbursement this Period

365.00

Memo Item

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

Memo Item

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

Memo Item

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

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

365.00

365.00