

**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="2014"/>		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	406952.75	
(c) Total Receipts (from Line 19)	16609.02	321906.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	423561.77	730699.83
7. Total Disbursements (from Line 31).....	3862.55	311000.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	419699.22	419699.22
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

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).....	9142.26	210163.48
(ii) Unitemized	7466.76	99059.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16609.02	309223.42
(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)	16609.02	309223.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	5182.81
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
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))..... ▶	16609.02	321906.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16609.02	321906.23

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	362.55	5250.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	362.55	5250.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	305700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
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)) ..	3862.55	311000.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3862.55	311000.61

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)	16609.02	309223.42
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16609.02	309173.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	362.55	5250.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5182.81
38. Net Operating Expenditures (subtract Line 37 from Line 36)	362.55	67.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<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. Boyd Lee Bailey MD
Full Name (Last, First, Middle Initial)

Mailing Address 1023 Medical Center Pkwy Ste 200

City Selma State AL Zip Code 36701-7739

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

Name of Employer UAB/Selma Family Medicine Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 11 / 2014
Transaction ID : C2800214

Amount of Each Receipt this Period 365.00

B. Justin V Bartos MD
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Cagle Dr Ste 200

City North Richland Hills State TX Zip Code 76180-8380

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

Name of Employer North Hills Family Medicine Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 23 / 2014
Transaction ID : C2812000

Amount of Each Receipt this Period 42.00

c. Joane Goforth Baumer MD
Full Name (Last, First, Middle Initial)

Mailing Address 910 Houston St Apt 701

City Fort Worth State TX Zip Code 76102-6224

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 ▼ 580.00

Date of Receipt 08 / 21 / 2014
Transaction ID : C2811212

Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 512.00

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 27
	<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. Brian Alan Baxter
Full Name (Last, First, Middle Initial)

Mailing Address 4404 Autumn Ridge Ln

City Sandusky State OH Zip Code 44870-7343

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
08 / 29 / 2014
Transaction ID : **C2816259**

Amount of Each Receipt this Period
365.00

B. Salvatore Bernardo Md Bernardo MD
Full Name (Last, First, Middle Initial)

Mailing Address 131 Pin Oak Rd

City Freehold State NJ Zip Code 07728-9313

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

Name of Employer Self Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 11 / 2014
Transaction ID : **C2800224**

Amount of Each Receipt this Period
500.00

C. Reid B Blackwelder MD
Full Name (Last, First, Middle Initial)

Mailing Address 4407 Leedy Rd

City Kingsport State TN Zip Code 37664-2117

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

Name of Employer ETSU Occupation Professor, Family Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
08 / 14 / 2014
Transaction ID : **C2804053**

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 8 OF 27
	<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. 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 **429.00**

Date of Receipt **08 / 23 / 2014**
Transaction ID : C2811985
 Amount of Each Receipt this Period **143.00**

B. Lee Marvin Carter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 506
 City Huntingdon State TN Zip Code 38344-0506
 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 **800.00**

Date of Receipt **08 / 30 / 2014**
Transaction ID : C2816872
 Amount of Each Receipt this Period **100.00**

C. 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 Physician Faculty
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3333.28**

Date of Receipt **08 / 23 / 2014**
Transaction ID : C2811984
 Amount of Each Receipt this Period **416.66**

SUBTOTAL of Receipts This Page (optional).....	659.66
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 9 OF 27
<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. Thomas E Dooley MD		Date of Receipt 08 / 29 / 2014 Transaction ID : C2816239
Mailing Address 1228 Westloop PI		Amount of Each Receipt this Period 365.00
City Manhattan	State KS	Zip Code 66502-2840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Kristin Dawn Drynan MD		Date of Receipt 08 / 21 / 2014 Transaction ID : C2811896
Mailing Address 2425 Fargo Blvd		Amount of Each Receipt this Period 200.00
City Geneva	State IL	Zip Code 60134-3591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Fox Valley Family Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James A Ellzy MD		Date of Receipt 08 / 19 / 2014 Transaction ID : C2808507
Mailing Address 1351 Bryant St NE Apt 4		Amount of Each Receipt this Period 34.10
City Washington	State DC	Zip Code 20018-1156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.10
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 ▼ 235.60	

SUBTOTAL of Receipts This Page (optional).....▶	599.10
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 27
	<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. Elisabeth K Farnum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Hyland Ave
 City East Greenwich State RI Zip Code 02818-2901
 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 **252.00**

Date of Receipt **08 / 17 / 2014**
Transaction ID : C2806223
 Amount of Each Receipt this Period **36.00**

B. Troy Treanor Fiesinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14023 Southwest Fwy
 City Sugar Land State TX Zip Code 77478-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Health Care System Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : C2804043
 Amount of Each Receipt this Period **365.00**

C. 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 **2800.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : C2815063
 Amount of Each Receipt this Period **350.00**

SUBTOTAL of Receipts This Page (optional)..... **751.00**
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 11 OF 27
	<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 Geismar Md Geismar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 822 Monroe St
 City Evanston State IL Zip Code 60202-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine Associates of Lutheran Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 11 / 2014**
Transaction ID : C2800200
 Amount of Each Receipt this Period **400.00**

B. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W 18th St
 City Sioux Falls State SD Zip Code 57105-0401
 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 **1600.00**

Date of Receipt **08 / 06 / 2014**
Transaction ID : C2799255
 Amount of Each Receipt this Period **200.00**

c. David Standish Hoskins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2200
 City Minden State NV Zip Code 89423-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 03 / 2014**
Transaction ID : C2796911
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **630.00**
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 27
	<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. Donald Leland Ives MD
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 440

City Ester	State AK	Zip Code 99725-0440
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation Family Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2014

Transaction ID : C2806161

Amount of Each Receipt this Period

95.00

50.00

B. Jessica Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5933 SW Hood Ave

City Portland	State OR	Zip Code 97239-3718
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FEC ID number of contributing federal political committee. **C**

Name of Employer OHSU	Occupation Family Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2014

Transaction ID : C2800061

Amount of Each Receipt this Period

35.00

35.00

C. Jessica Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5933 SW Hood Ave

City Portland	State OR	Zip Code 97239-3718
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FEC ID number of contributing federal political committee. **C**

Name of Employer OHSU	Occupation Family Physician
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2014

Transaction ID : C2803404

Amount of Each Receipt this Period

10.00

10.00

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 27
	<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. Gregory King MD
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Vail Rd

City Bennington State VT Zip Code 05201-9597

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

Name of Employer Self Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 08 / 25 / 2014
Transaction ID : C2812081

Amount of Each Receipt this Period
 55.00

B. Andrew Lutzkanin III
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Blacklatch Ln

City Middletown State PA Zip Code 17057-2984

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

Name of Employer Reading Hosp Reading Hlth Sys Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : C2803417

Amount of Each Receipt this Period
 13.00

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 ▼ 225.00

Date of Receipt
 08 / 01 / 2014
Transaction ID : C2796609

Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.00

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 27
	<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. Kevin B Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 219th Ave E
 City Lake Tapps State WA Zip Code 98391-5634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Care Physician Services Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : C2804052
 Amount of Each Receipt this Period **50.00**

B. Amy Kristen McIntyre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 W Diamond St
 City Butte State MT Zip Code 59701-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Butte Community Health Center Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **292.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : C2815061
 Amount of Each Receipt this Period **36.50**

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 **825.00**

Date of Receipt **08 / 11 / 2014**
Transaction ID : C2800190
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **161.50**
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 15 OF 27
	<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

Full Name (Last, First, Middle Initial) A. John S Meigs MD		Date of Receipt MM / DD / YYYY 08 / 14 / 2014
Mailing Address PO Box 289 100 Serendipity Dr		Transaction ID : C2803376
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
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 ▼ 825.00	

Full Name (Last, First, Middle Initial) B. John S Meigs MD		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address PO Box 289 100 Serendipity Dr		Transaction ID : C2815702
City Brent	State AL	Zip Code 35034-0289
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 ▼ 825.00	

Full Name (Last, First, Middle Initial) C. Catherine Lindsay Meshew		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1801 S 37th St		Transaction ID : C2816263
City Temple	State TX	Zip Code 76504-6760
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 27
	<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. Brian Keith Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12876 Central Valley Rd NE
 City Poulsbo State WA Zip Code 98370-8156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: GHC Occupation: Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: 08 / 11 / 2014
Transaction ID : C2800204
 Amount of Each Receipt this Period: 100.00

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

Date of Receipt: 08 / 27 / 2014
Transaction ID : C2814758
 Amount of Each Receipt this Period: 250.00

C. 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 **733.28**

Date of Receipt: 08 / 09 / 2014
Transaction ID : C2800060
 Amount of Each Receipt this Period: 91.66

SUBTOTAL of Receipts This Page (optional).....	441.66
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 17 OF 27
	<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. 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 Self-Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **937.50**

Date of Receipt **08 / 24 / 2014**
Transaction ID : C2812027
 Amount of Each Receipt this Period **187.50**

B. William R Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 356390
 City Seattle State WA Zip Code 98195-6390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 11 / 2014**
Transaction ID : C2800198
 Amount of Each Receipt this Period **365.00**

C. Robert W Power MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Monterey Dr
 City Jefferson City State MO Zip Code 65109-6129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Region Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 11 / 2014**
Transaction ID : C2800207
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **802.50**
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 18 OF 27
	<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. Danny Lynn Proffitt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1134 N Crossover Rd
 City Fayetteville State AR Zip Code 72701-2799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAMS AHEC-NW Family Practice Residency Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : C2803375
 Amount of Each Receipt this Period **365.00**

B. Ellen S Reinheimer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Earlwoode Dr
 City White Plains State NY Zip Code 10606-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Med Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1850.00**

Date of Receipt **08 / 11 / 2014**
Transaction ID : C2800199
 Amount of Each Receipt this Period **1000.00**

C. 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 **217.00**

Date of Receipt **08 / 19 / 2014**
Transaction ID : C2808506
 Amount of Each Receipt this Period **31.00**

SUBTOTAL of Receipts This Page (optional)..... **1396.00**
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 27
	<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. 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 ▼ 800.00

Date of Receipt 08 / 28 / 2014
Transaction ID : C2815062
 Amount of Each Receipt this Period 100.00

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

Date of Receipt 08 / 19 / 2014
Transaction ID : C2808508
 Amount of Each Receipt this Period 50.00

C. Edward Jay Schwager MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6567 E Carondelet Dr Ste 555
 City Tucson State AZ Zip Code 85710-6152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carondelet Medical Group
 Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 06 / 2014
Transaction ID : C2799257
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 27
	<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. George Wm Shannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Slate Dr
 City Columbus State GA Zip Code 31906-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizons Diagnostics Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 30 / 2014**
Transaction ID : C2816874
 Amount of Each Receipt this Period **100.00**

B. 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 **244.00**

Date of Receipt **08 / 03 / 2014**
Transaction ID : C2796910
 Amount of Each Receipt this Period **30.50**

C. Tobie-Lynn Smith MD, M.ED
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 F St NE
 City Washington State DC Zip Code 20002-5382
 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 **202.50**

Date of Receipt **08 / 08 / 2014**
Transaction ID : C2799789
 Amount of Each Receipt this Period **40.50**

SUBTOTAL of Receipts This Page (optional)..... **171.00**
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 27
	<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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : C2799259
 Amount of Each Receipt this Period
 200.00

B. 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 Center
 Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2014
Transaction ID : C2816873
 Amount of Each Receipt this Period
 250.00

C. Erica Williams Swegler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N Rufe Snow Dr
 City Keller State TX Zip Code 76248-4235
 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 ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2014
Transaction ID : C2815082
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	533.34
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 27
	<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. Raja 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 **300.00**

Date of Receipt **08 / 26 / 2014**
Transaction ID : C2813031
 Amount of Each Receipt this Period **25.00**

B. 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 Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **219.00**

Date of Receipt **08 / 06 / 2014**
Transaction ID : C2799256
 Amount of Each Receipt this Period **36.50**

C. 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 Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **08 / 24 / 2014**
Transaction ID : C2812026
 Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **121.50**
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 23 OF 27
	<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. Lisa Maria Ward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 Janet Way
 City Santa Rosa State CA Zip Code 95405-7205
 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 **250.00**

Date of Receipt **08 / 29 / 2014**
Transaction ID : C2815709
 Amount of Each Receipt this Period **250.00**

B. 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 Chestatee Regional Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : C2798582
 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
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	9142.26

**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
08 / 01 / 2014

Transaction ID : D160537

Amount of Each Disbursement this Period

12.73

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
08 / 04 / 2014

Transaction ID : D160538

Amount of Each Disbursement this Period

15.11

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
08 / 11 / 2014

Transaction ID : D160539

Amount of Each Disbursement this Period

12.48

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

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

40.32

**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
08 / 13 / 2014

Transaction ID : D160540

Amount of Each Disbursement this Period

3.97

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
08 / 18 / 2014

Transaction ID : D160541

Amount of Each Disbursement this Period

3.25

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
08 / 27 / 2014

Transaction ID : D160843

Amount of Each Disbursement this Period

1.37

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

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

8.59

**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

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2014

Transaction ID : D160844

Amount of Each Disbursement this Period

6.09

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

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

Transaction ID : D160845

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : D160542

Amount of Each Disbursement this Period

299.60

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

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

313.64

362.55

**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. JOHN TIERNEY FOR CONGRESS

Mailing Address 12 Hussey Ave

City Danvers State MA Zip Code 01923-3955

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John F. Tierney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2014

Transaction ID : D160350

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PETE GALLEGO

Mailing Address PO BOX 1781

City SAN ANTONIO State TX Zip Code 78296

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pete Gallego

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2014

Transaction ID : D160328

Amount of Each Disbursement this Period

2500.00

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

3500.00

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

3500.00
