

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Signature of Treasurer *Hugh M Taylor MD* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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..... | 434763.47 | |
| (c) Total Receipts (from Line 19) | 31942.92 | 249810.74 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 466706.39 | 667027.75 |
| 7. Total Disbursements (from Line 31)..... | 78110.43 | 278431.79 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 388595.96 | 388595.96 |
| 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)..... | 23574.06 | 174511.14 |
| (ii) Unitemized | 8368.86 | 71802.62 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 31942.92 | 246313.76 |
| (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) | 31942.92 | 246313.76 |
| 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 | 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))..... ▶ | 31942.92 | 249810.74 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 31942.92 | 249810.74 |

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 | 1060.43 | 4750.54 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1060.43 | 4750.54 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 77000.00 | 271500.00 |
| 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 | 50.00 | 2181.25 |
| (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))..... | 50.00 | 2181.25 |
| 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)) .. | 78110.43 | 278431.79 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 78110.43 | 278431.79 |

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) | 31942.92 | 246313.76 |
| 34. Total Contribution Refunds (from Line 28(d)) | 50.00 | 2181.25 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31892.92 | 244132.51 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1060.43 | 4750.54 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 3496.98 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1060.43 | 1253.56 |

**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 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Janet R Albers MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 Woodbridge Rd
 City Springfield State IL Zip Code 62711-5666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3312004
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Andrew Martin Anthony MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Las Tablas Rd
 City Templeton State CA Zip Code 93465-9704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EmCare Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3312880
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Brian L Bachelder MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 5151 Township Road 126
 City Mount Gilead State OH Zip Code 43338-1050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron General Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 26 / 2016**
Transaction ID : C3322004
 Amount of Each Receipt this Period **365.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 465.00 |
| 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 46 |
| | <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. Frederic Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Mark Cir
 City State Zip Code
 Holden MA 01520-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMMHC Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : C3308129
 Amount of Each Receipt this Period
 43.00
 Memo Item

B. Richard M Bernard MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 31530 Sw Village Greens Ct
 City State Zip Code
 Wilsonville OR 97070-8426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested 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
 05 / 06 / 2016
Transaction ID : C3327031
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. John A Berneike MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 E 3900 S Ste 260
 City State Zip Code
 Salt Lake City UT 84124-1371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Mark's Family Medicine 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
 05 / 09 / 2016
Transaction ID : C3308954
 Amount of Each Receipt this Period
 365.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1408.00 |
| 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 46 |
| | <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. Reid B Blackwelder MD, FAFAP
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 500.00

Date of Receipt 05 / 15 / 2016
Transaction ID : C3316549
Amount of Each Receipt this Period 100.00
 Memo Item

B. Mott Parks Blair MD, FAFAP
Full Name (Last, First, Middle Initial)
Mailing Address 411 E Westbrook St
City Wallace State NC Zip Code 28466-1514
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Family Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 224.00

Date of Receipt 05 / 19 / 2016
Transaction ID : C3318050
Amount of Each Receipt this Period 112.00
 Memo Item

C. Julia Lett Boothe MD, MPH, F
Full Name (Last, First, Middle Initial)
Mailing Address 108 4th Ave Ste A
City Reform State AL Zip Code 35481-8018
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Familt Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 05 / 06 / 2016
Transaction ID : C3308123
Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **577.00**
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 46 |
| | <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. Rachelle Idena Brilliant DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Widgeon Way
 City Waterford State NY Zip Code 12188-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Care Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 26 / 2016**
Transaction ID : C3321905
 Amount of Each Receipt this Period **165.00**
 Memo Item

B. David Kris Bucher MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Franklin Ave SE 6126163401
 City Minneapolis State MN Zip Code 55414-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Family Medicine Occupation Physican/Faulty/CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 14 / 2016**
Transaction ID : C3316545
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Martin J Christensen MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 818 W Havens Ave
 City Mitchell State SD Zip Code 57301-3830
 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 **05 / 09 / 2016**
Transaction ID : C3312000
 Amount of Each Receipt this Period **365.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 895.00 |
| 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 46 |
| | <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, FAFAP
 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 2083.30

Date of Receipt 05 / 19 / 2016
Transaction ID : C3318052
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Dale Culver
 Full Name (Last, First, Middle Initial)
 Mailing Address 24206 W 68th St
 City Shawnee State KS Zip Code 66226-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAFFP Occupation CFO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 06 / 2016
Transaction ID : C3308154
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sachin Narendra Dixit MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Windmere Ct
 City Darien State IL Zip Code 60561-3869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 06 / 2016
Transaction ID : C3308174
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1166.66 |
| 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 46 |
| | <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. Lynn R Fisher MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 N Washington St
 PO Box 407
 City Plainville State KS Zip Code 67663-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lifeline Family Medicine 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
 05 / 06 / 2016
Transaction ID : C3308158
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Bryan William Ghiloni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 Sugar Hill Pl
 City Gahanna State OH Zip Code 43230-3848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Carmel Medical Group 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
 05 / 09 / 2016
Transaction ID : C3309416
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. James M Gill MD, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Henderson Hill Rd
 City Newark State DE Zip Code 19711-5958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine at Greenhill Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2016
Transaction ID : C3316519
 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 12 OF 46 |
| | <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. Dennis Lynn Gingrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 University Dr
 City Hershey State PA Zip Code 17033-2360
 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
 05 / 06 / 2016
Transaction ID : C3308745
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Ravi P Grivois-Shah MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3858 E Edison Pl
 City Tucson State AZ Zip Code 85716-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Banner Health 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
 05 / 16 / 2016
Transaction ID : C3317146
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Carletta Hauck
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Golf Course Rd
 City Watertown State SD Zip Code 57201-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SD AFP Executive Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : C3308175
 Amount of Each Receipt this Period
 365.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 46 |
| | <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 Gene Haynes MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3009 N Cypress St
 City State Zip Code
 Wichita KS 67226-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Via Christi Reg. Med. Ctr. 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
 05 / 04 / 2016
Transaction ID : C3306295
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Lori J Heim MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Hollybrook Farm Ln
 City State Zip Code
 Vass NC 28394-8952
 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 ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2016
Transaction ID : C3311985
 Amount of Each Receipt this Period
 630.00
 Memo Item

C. Daniel J Heinemann MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5039
 City State Zip Code
 Sioux Falls SD 57117-5039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sioux Valley Health Systems Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1045.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2016
Transaction ID : C3308900
 Amount of Each Receipt this Period
 209.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1839.00 |
| 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 46 |
| | <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. Jeffrey J Hoffmann DO, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 Acre St
 City Guttenberg State IA Zip Code 52052-9574
 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 **05 / 09 / 2016**
Transaction ID : C3311990
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Beulette Y Hooks MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 7286 E Wynfield Loop
 City Midland State GA Zip Code 31820-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 26 / 2016**
Transaction ID : C3321904
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Tochi I L Iroku-Malize MD, MPH, M
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 369
 City Islip State NY Zip Code 11751-0369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwell Health Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308126
 Amount of Each Receipt this Period **215.00**
 Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1080.00 |
| 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 46 |
| | <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. Elizabeth Garamendi Kann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14216 State Highway 160
 City Walnut Grove State CA Zip Code 95690-9741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 04 / 2016**
Transaction ID : C3306293
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Russell Wade Kohl MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 18005 Canterbury Dr
 City Stilwell State KS Zip Code 66085-9334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TME Health Quality Institute Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308149
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Katherine R Lichtenberg DO, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Nirk Ave
 City Kirkwood State MO Zip Code 63122-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anthem Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : C3307830
 Amount of Each Receipt this Period **125.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 875.00 |
| 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 46 |
| | <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. Geoffrey L Loman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 N Brent St Ste 502
 City State Zip Code
 Ventura CA 93003-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brent Street Family Practice Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2016
Transaction ID : C3306274
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. 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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : C3321985
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Joseph S Miller MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 797
 City State Zip Code
 Lexington NE 68850-0797
 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
 05 / 09 / 2016
Transaction ID : C3311998
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1625.00 |
| 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 46 |
| | <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. Anne M Montgomery MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 39000 Bob Hope Dr
 City Rancho Mirage State CA Zip Code 92270-3221
 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 **1000.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308131
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dale C Moquist MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Skyline
 City Horseshoe Bay State TX Zip Code 78657
 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 **458.30**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3327033
 Amount of Each Receipt this Period **91.66**
 Memo Item

C. Carl Raymond Olden MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 S 72Nd Ave Ste 100
 City Yakima State WA Zip Code 98908-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yakima Valley Memorial Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 07 / 2016**
Transaction ID : C3308902
 Amount of Each Receipt this Period **100.00**
 Memo Item

| | |
|---|---------------|
| 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 18 OF 46 |
| | <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 **405.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : C3305768
 Amount of Each Receipt this Period **135.00**
 Memo Item

B. Lauren Denee Oshman MD, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 2817 Birchwood Ave
 City Wilmette State IL Zip Code 60091-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NorthShore University HealthSystem Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **05 / 07 / 2016**
Transaction ID : C3308910
 Amount of Each Receipt this Period **370.00**
 Memo Item

C. Tomas P Owens MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 NW 56th St Ste 100
 City Oklahoma City State OK Zip Code 73112-4517
 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 **05 / 06 / 2016**
Transaction ID : C3308156
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **870.00**
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 19 OF 46
(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. Kent A Petrie MD

Mailing Address Po Box 1142

City Avon State CO Zip Code 81620-1142

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 26 / 2016
Transaction ID : C3321977

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Larry Pheifer MD

Mailing Address 210 Green Bay Rd

City Thiensville State WI Zip Code 53092-1616

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
 05 / 09 / 2016
Transaction ID : C3309418

Amount of Each Receipt this Period
 365.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jeremy J Presley MD

Mailing Address 1306 University Dr

City Dodge City State KS Zip Code 67801-2946

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
 05 / 09 / 2016
Transaction ID : C3309422

Amount of Each Receipt this Period
 365.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 46 |
| | <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. Soujanya R Pulluru MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 60564-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dupage Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 09 / 2016
Transaction ID : C3313168
 Amount of Each Receipt this Period 365.00
 Memo Item

B. William E Raduege MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 553
 City Woodruff State WI Zip Code 54568-0553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William E Raduege, MD, SC (Corporation Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2016
Transaction ID : C3321901
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Michael Kevin Rakotz MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 E Randolph St 8476604075
 City Chicago State IL Zip Code 60601-3622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMA and NORTHWESTERN MEDICAL GROUP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2016
Transaction ID : C3308059
 Amount of Each Receipt this Period 100.00
 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: (check only one) | PAGE 21 OF 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Michael Kevin Rakotz MD, FAFAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 E Randolph St
 8476604075
 City Chicago State IL Zip Code 60601-3622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMA and NORTHWESTERN MEDICAL GROUP Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2016
Transaction ID : C3308909
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Lee P Ralph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6699 Alvarado Rd
 Ste 2100
 City San Diego State CA Zip Code 92120-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SD Sports Medicine and Family Health 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
 05 / 09 / 2016
Transaction ID : C3309417
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Marie-Elizabeth Ramas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Colburn Ln
 City Hollis State NH Zip Code 03049-6285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lamprey Health Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : C3307761
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 46 |
| | <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. Marie-Elizabeth Ramas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Colburn Ln
 City Hollis State NH Zip Code 03049-6285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lamprey Health Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **465.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : C3318948
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Daniel H Reiffenberger MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Golf Course Rd
 City Watertown State SD Zip Code 57201-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3312001
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Sarah A Reiffenberger MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Golf Course Rd
 City Watertown State SD Zip Code 57201-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3312002
 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 23 OF 46 |
| | <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. Bernard Richard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1926 Declaration Dr
 City Greenfield State IN Zip Code 46140-2762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Physicians Network Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308157
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. 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 **500.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308132
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Howard Andrew Selinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Northridge Dr
 City Burlington State CT Zip Code 06013-1551
 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 **400.00**

Date of Receipt **05 / 26 / 2016**
Transaction ID : C3321980
 Amount of Each Receipt this Period **200.00**
 Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.00 |
| 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 46 |
| | <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. Niranjan M Selvarajah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 King Fisher Ln
 City New Hartford State NY Zip Code 13413-3521
 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
 05 / 09 / 2016
Transaction ID : C3311989
 Amount of Each Receipt this Period
 550.00
 Memo Item
 Aggregate Year-to-Date ▼
 550.00

B. Douglas Alan Spotts MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Forestwood Dr
 City Lewisburg State PA Zip Code 17837-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evangelical Community Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 06 / 2016
Transaction ID : C3308125
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Aggregate Year-to-Date ▼
 500.00

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)

Date of Receipt
 05 / 19 / 2016
Transaction ID : C3318056
 Amount of Each Receipt this Period
 40.55
 Memo Item
 Aggregate Year-to-Date ▼
 81.10

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1090.55 |
| 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 25 OF 46 |
| | <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. Linda Gonzales Stogner MD, FAFPF
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 807
 City Estancia State NM Zip Code 87016-0807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Medical Services Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3313304
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Windel Stracener MD, FAFPF
 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 **972.76**

Date of Receipt **05 / 04 / 2016**
Transaction ID : C3306279
 Amount of Each Receipt this Period **218.19**
 Memo Item

C. Windel Stracener MD, FAFPF
 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 **972.76**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308151
 Amount of Each Receipt this Period **100.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 683.19 |
| 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 26 OF 46 |
| | <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. Glen R Stream MD, FAFAP
 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 **1000.00**

Date of Receipt **05 / 04 / 2016**
Transaction ID : C3306280
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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 **400.00**

Date of Receipt **05 / 11 / 2016**
Transaction ID : C3312329
 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 **352.00**

Date of Receipt **05 / 16 / 2016**
Transaction ID : C3316978
 Amount of Each Receipt this Period **100.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 450.00 |
| 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 27 OF 46 |
| | <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. Tina Louise Tanner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5181 Forrest St
 City Montague State MI Zip Code 49437-9345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health Partners Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : C3308124
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Michael P Temporal MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 Beartooth Cir
 City Laurel State MT Zip Code 59044-9665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Billings Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 24 / 2016**
Transaction ID : C3320838
 Amount of Each Receipt this Period **42.00**
 Memo Item

C. John Sison Tipton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2802 Hackney Way
 City Jamestown State NC Zip Code 27282-8642
 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 **05 / 09 / 2016**
Transaction ID : C3311997
 Amount of Each Receipt this Period **365.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 772.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 46 |
| | <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. Patricia Conlan Trantham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4769 Live Oak Canyon Rd
 City La Verne State CA Zip Code 91750-2319
 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 05 / 20 / 2016
Transaction ID : C3318947
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Lloyd Van Winkle MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Madrid St Po Box 960
 City Castroville State TX Zip Code 78009-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medina Valley Family Practice Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2016
Transaction ID : C3305043
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt 05 / 24 / 2016
Transaction ID : C3320839
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 515.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 29 OF 46
(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. Robert L Wergin MD, FAFAP
 Full Name (Last, First, Middle Initial)
 Mailing Address 10500 W A St
 City Lincoln State NE Zip Code 68532-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health Care Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 06 / 2016
Transaction ID : C3308148
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Richard Andre Wherry MD, FAFAP
 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 ▼ 1250.00

Date of Receipt 05 / 18 / 2016
Transaction ID : C3327036
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kim K Yu MD, FAFAP
 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 ▼ 447.00

Date of Receipt 05 / 18 / 2016
Transaction ID : C3317373
 Amount of Each Receipt this Period 41.00
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1791.00 |
| TOTAL This Period (last page this line number only).....▶ | 23574.06 |

**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
05 / 05 / 2016

Transaction ID : D173386

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
05 / 06 / 2016

Transaction ID : D173387

Amount of Each Disbursement this Period

9.53

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
05 / 09 / 2016

Transaction ID : D173388

Amount of Each Disbursement this Period

118.17

Memo Item

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

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

132.09

**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
05 / 09 / 2016

Transaction ID : D173389

Amount of Each Disbursement this Period

3.25

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
05 / 11 / 2016

Transaction ID : D173713

Amount of Each Disbursement this Period

77.24

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
05 / 13 / 2016

Transaction ID : D173714

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)..... ▶

83.74

**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
05 / 17 / 2016

Transaction ID : D173715

Amount of Each Disbursement this Period

26.49

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
05 / 18 / 2016

Transaction ID : D173716

Amount of Each Disbursement this Period

3.25

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
05 / 19 / 2016

Transaction ID : D173717

Amount of Each Disbursement this Period

1.63

Memo Item

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

31.37

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
05 / 20 / 2016

Transaction ID : D173718

Amount of Each Disbursement this Period

9.46

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
05 / 23 / 2016

Transaction ID : D173719

Amount of Each Disbursement this Period

15.35

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
05 / 23 / 2016

Transaction ID : D173720

Amount of Each Disbursement this Period

14.63

Memo Item

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

39.44

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) ▼

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2016

Transaction ID : D173721

Amount of Each Disbursement this Period

3.25

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
05 / 26 / 2016

Transaction ID : D173722

Amount of Each Disbursement this Period

3.25

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
05 / 31 / 2016

Transaction ID : D173723

Amount of Each Disbursement this Period

7.95

Memo Item

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

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

14.45

**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 |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 1 | 6 |

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

City Spokane State WA Zip Code 99210-2485

Transaction ID : D173385

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 7 | 5 | 9 | . | 3 | 4 |
|---|---|---|---|---|---|

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 |
| | | | | | | | | | |

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) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | 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)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 7 | 5 | 9 | . | 3 | 4 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 6 | . | 0 | 4 |
|---|---|---|---|---|---|

**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. AmeriPAC: The Fund for a Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Steny Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173194

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEADERSHIP FOR TODAY AND TOMORROW

Mailing Address 625 3rd St NE
Apt 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173235

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Alan Lowenthal

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173237

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILLY LONG FOR CONGRESS

Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Billy Long

Office Sought: House
 Senate
 President
State: MO District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173617

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Brad Ashford

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173200

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Denny Heck

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173612

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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| <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. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eliot L. Engel

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173621

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Erik Paulsen

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173198

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City State Zip Code
COLUMBIA SC 29211

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173238

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Lewis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : D173616

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Moolenaar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : D173229

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin Yoder

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : D173191

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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| <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. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Larry Bucshon

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173190

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address 6 E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Lucille Roybal-Allard

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173620

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173192

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173613

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City State Zip Code
Sacramento CA 95841

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike Thompson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173193

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road
Ste 2000

City State Zip Code
Columbus OH 43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173622

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173614

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY FOR ILLINOIS

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610-0793

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Tammy Duckworth

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173619

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Tom Price

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173196

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
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| <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. HURD FOR CONGRESS

Mailing Address PO BOX 761029

City SAN ANTONIO State TX Zip Code 78245

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Will Hurd

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173629

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Republican MainStreet Partnership PAC

Mailing Address 1220 L St NW
Ste 100-263

City Washington State DC Zip Code 20005-4018

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : D173615

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Michael Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : D173195

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Ron Wyden

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : D173236

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROY BLUNT

Mailing Address P.O. BOX 50100

City SPRINGFIELD State MO Zip Code 65805

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Roy Blunt

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : D173626

Amount of Each Disbursement this Period

2500.00

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

4000.00

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

77000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Kent Henry MD

Mailing Address 10620 Spotsylvania Ave

City State Zip Code
Fredericksburg VA 22408-2637

Purpose of Disbursement
Partial refund of 5/09/16 contibution

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
05 / 16 / 2016

Transaction ID : D173814

Amount of Each Disbursement this Period

50.00

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)..... ▶

50.00

50.00