

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		439447.27
(b) Cash on Hand at Beginning of Reporting Period.....	401243.86	
(c) Total Receipts (from Line 19)	33700.63	58434.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	434944.49	497881.56
7. Total Disbursements (from Line 31).....	898.24	63835.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	434046.25	434046.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24481.66	33163.32
(ii) Unitemized	8720.44	23821.13
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33202.10	56984.45
(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)	33202.10	56984.45
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).....	498.53	1449.84
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))..... ▶	33700.63	58434.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33700.63	58434.29

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	483.24	920.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	483.24	920.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	62500.00
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	415.00	415.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	415.00	415.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	898.24	63835.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	898.24	63835.31

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)	33202.10	56984.45
34. Total Contribution Refunds (from Line 28(d))	415.00	415.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32787.10	56569.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	483.24	920.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	498.53	1449.84
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-15.29	-529.53

**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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dale Crawford Allison MD			Date of Receipt
Mailing Address 3301 Alexander Ave			<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : C2936314
Waco	TX	76708-2301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer Self Employed		Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) B. Susan M Anderson MD			Date of Receipt
Mailing Address 223 N 7Th Ave			<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : C2938989
Canistota	SD	57012-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer Self Employed		Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) C. Raul Ayala			Date of Receipt
Mailing Address 5090 N Primitivo Way Apt 143			<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : C2927825
Fresno	CA	93710-8236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer Adventist Health		Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="365.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian L Bachelder MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 Transaction ID : C2938990
Mailing Address 5151 TR 126		Amount of Each Receipt this Period 365.00
City Mount Gilead	State OH	Zip Code 43338
FEC ID number of contributing federal political committee. C	Name of Employer Akron General Medical Center	Occupation Family Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Emily D Briggs MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : C2939932
Mailing Address 712 N Houston Ave Ste B		Amount of Each Receipt this Period 365.00
City New Braunfels	State TX	Zip Code 78130-4132
FEC ID number of contributing federal political committee. C	Name of Employer Christus Santa Rosa FMRP	Occupation Family Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Carina Murphy Brown		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 Transaction ID : C2935102
Mailing Address 389 Old Schoolhouse Rd		Amount of Each Receipt this Period 365.00
City Lewisburg	State PA	Zip Code 17837-7927
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Family Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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. Yushu Jack Chou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2691 E California Blvd
 City San Marino State CA Zip Code 91108-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Permanente Medical Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2015
Transaction ID : C2939929
 Amount of Each Receipt this Period
1000.00

B. Deborah S Clements MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10529 Walmer St
 City Overland Park State KS Zip Code 66212-1886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2015
Transaction ID : C2935107
 Amount of Each Receipt this Period
500.00

C. Loy Dekle Cowart III
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Tillman Rd Unit 403
 City Statesboro State GA Zip Code 30458-0304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 22 / 2015
Transaction ID : C2938893
 Amount of Each Receipt this Period
365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 NE 10th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : C2938947
 Amount of Each Receipt this Period
 416.66

B. Patricia A Czapp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Melvin Ave
 City Annapolis State MD Zip Code 21401-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : C2934786
 Amount of Each Receipt this Period
 365.00

C. Keith E Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 563
 City Shoshone State ID Zip Code 83352-0563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shoshone Family Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : C2927827
 Amount of Each Receipt this Period
 550.00

SUBTOTAL of Receipts This Page (optional).....▶	1331.66
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 10 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert Eidus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 N Union Ave
 City Cranford State NJ Zip Code 07016-2173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : C2927819
 Amount of Each Receipt this Period
500.00

B. Tricia C Elliott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2214 Hazard St
 City Houston State TX Zip Code 77019-6514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey-Seybold Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : C2927842
 Amount of Each Receipt this Period
500.00

C. Wanda D Filer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Aqua Ct
 City York State PA Zip Code 17403-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Health Institute Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2015
Transaction ID : C2934032
 Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<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 Paul Furr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 639
 214 Mountain Place
 City Jackson State AL Zip Code 36545-0639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IMC-FMO PC Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015
Transaction ID : C2935104
 Amount of Each Receipt this Period
365.00

B. Aaron M Garman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Highway 49
 City Beulah State ND Zip Code 58523-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coal country health.com Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : C2927815
 Amount of Each Receipt this Period
365.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : C2934733
 Amount of Each Receipt this Period
365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Daron W Gersch MD
Full Name (Last, First, Middle Initial)

Mailing Address 310 Golfview Dr

City Albany	State MN	Zip Code 56307-9315
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : C2935097

Amount of Each Receipt this Period
500.00

B. Carol Sue Havens MD
Full Name (Last, First, Middle Initial)

Mailing Address 4716 Tree Shadow Pl

City Fair Oaks	State CA	Zip Code 95628-6566
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Permanente Medical Group	Occupation Family Physician
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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
02	/	07	/	2015

Transaction ID : C2927841

Amount of Each Receipt this Period
365.00

C. Clare Arnot Hawkins MD
Full Name (Last, First, Middle Initial)

Mailing Address 6121 Annapolis St

City Houston	State TX	Zip Code 77005-3113
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Family Physician
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

Transaction ID : C2934785

Amount of Each Receipt this Period
365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Sioux Falls	State SD	Zip Code 57105-0401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2938946
Name of Employer Sioux Valley Health Systems		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. David J Hoelting MD		Date of Receipt
Mailing Address 813 Lloyd St		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Pender	State NE	Zip Code 68047-5021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2934669
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. Connie S Ingalls MD		Date of Receipt
Mailing Address 661 Hefner Dr		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Lima	State OH	Zip Code 45801-3863
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2936919
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="365.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1015.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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. Kyle Bradford Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4257 S 1650 E
 City State Zip Code
 Salt Lake City UT 84124-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Utah School of Medicine 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
 02 / 07 / 2015
Transaction ID : C2927804
 Amount of Each Receipt this Period
 365.00

B. Beverly Flowers Jordan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Frisco Ln
 City State Zip Code
 Enterprise AL 36330-8572
 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
 02 / 19 / 2015
Transaction ID : C2936923
 Amount of Each Receipt this Period
 365.00

C. Robert A Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9116 Hammontree Dr
 City State Zip Code
 Urbandale IA 50322-7427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Iowa clinic 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
 02 / 07 / 2015
Transaction ID : C2927813
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Lynne Marie B Lillie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4446 Jack Pine Trl N
 City Lake Elmo State MN Zip Code 55042-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2015
Transaction ID : C2938922
 Amount of Each Receipt this Period
 500.00

B. Andrew Lutzkanin III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 Blacklatch Ln
 City Middletown State PA Zip Code 17057-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reading Hosp Reading Hlth Sys
 Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : C2939930
 Amount of Each Receipt this Period
 500.00

C. Jason M Matuszak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3925 Sheridan Dr
 City Buffalo State NY Zip Code 14226-1738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2015
Transaction ID : C2935100
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa C Maxwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 High St
 City Mullica Hill State NJ Zip Code 08062-9570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christiana Care Health System 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
 02 / 07 / 2015
Transaction ID : C2927840
 Amount of Each Receipt this Period
 365.00

B. Mark A McLoney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 W Bagley Rd Ste 1
 City Berea State OH Zip Code 44017-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Physicians 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
 02 / 22 / 2015
Transaction ID : C2938930
 Amount of Each Receipt this Period
 365.00

C. Kathleen J Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Oak Ridge Dr
 City Decatur State IL Zip Code 62521-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : C2936325
 Amount of Each Receipt this Period
 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<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. Terry Lee Mills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 Medical Center Dr
 City State Zip Code
 Newton KS 67114-8778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Via Christi Clinic 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
 02 / 07 / 2015
Transaction ID : C2927817
 Amount of Each Receipt this Period
 1000.00

B. Ranit Mishori MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2729 Dumbarton St NW
 City State Zip Code
 Washington DC 20007-3322
 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
 02 / 12 / 2015
Transaction ID : C2935094
 Amount of Each Receipt this Period
 365.00

C. Anne M Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44818 Oro Grande Cir
 City State Zip Code
 Indian Wells CA 92210-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eisenhower Medical Associates Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2015
Transaction ID : C2940132
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	▶	1615.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<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 Lawrence Munger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10522 Ballentine St
 City Overland Park State KS Zip Code 66214-3047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke's Health System Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : C2927816
 Amount of Each Receipt this Period
 500.00

B. Sarah Catherine Nosal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 E 9th St Apt 4J
 City New York State NY Zip Code 10003-6423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Institute for Family Health 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
 02 / 07 / 2015
Transaction ID : C2927802
 Amount of Each Receipt this Period
 365.00

C. David T O'Gurek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 W Iron St
 City Summit Hill State PA Zip Code 18250-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : C2934671
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sterling N Ransone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Deer Path
 City Deltaville State VA Zip Code 23043-0916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015
Transaction ID : C2936308
 Amount of Each Receipt this Period
365.00

B. Lonnie S Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4683 Old Military Rd
 City Mountain Home State AR Zip Code 72653-4871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015
Transaction ID : C2935108
 Amount of Each Receipt this Period
500.00

C. Dennis F Salisbury MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 W Diamond St
 City Butte State MT Zip Code 59701-1526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. James Healthcare Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : C2927798
 Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	3365.00
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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Margot Latrese Savoy MD		Date of Receipt
Mailing Address 1401 Foulk Rd		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Wilmington	DE	19803-2763
FEC ID number of contributing federal political committee.		Transaction ID : C2927814
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Maxwell Curtis Scarlett MD		Date of Receipt
Mailing Address PO BOX 330729		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fort Worth	TX	76163-0729
FEC ID number of contributing federal political committee.		Transaction ID : C2927740
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patricia Ann Sereno MD		Date of Receipt
Mailing Address 10 Morgan Ave		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Stoneham	MA	02180-3417
FEC ID number of contributing federal political committee.		Transaction ID : C2935098
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Sevilla MD		Date of Receipt MM / DD / YYYY 02 / 08 / 2015 Transaction ID : C2929617
Mailing Address 2370 Southeast Blvd		Amount of Each Receipt this Period 365.00
City Salem	State OH	Zip Code 44460-3418
FEC ID number of contributing federal political committee. C		
Name of Employer Family Practice Center of Salem	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Joshua J Tessier DO		Date of Receipt MM / DD / YYYY 02 / 07 / 2015 Transaction ID : C2927826
Mailing Address 840 E University Ave		Amount of Each Receipt this Period 365.00
City Des Moines	State IA	Zip Code 50316-2304
FEC ID number of contributing federal political committee. C		
Name of Employer UnityPoint Clinic	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Barbara B Tobias MD		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : C2939771
Mailing Address 215 Wilmuth Ave		Amount of Each Receipt this Period 200.00
City Cincinnati	State OH	Zip Code 45215-2777
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	930.00
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 30
	<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. Bruce Alan Wallstedt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Canterbury Close
 City Brentwood State TN Zip Code 37027-4870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **02 / 12 / 2015**
Transaction ID : C2935106
 Amount of Each Receipt this Period **365.00**

B. Robert L Wergin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 C St
 City Lincoln State NE Zip Code 68502-1037
 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 **1000.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : C2940026
 Amount of Each Receipt this Period **1000.00**

C. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Health Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 08 / 2015**
Transaction ID : C2929615
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1615.00
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 30
	<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. Jason Wickersham MD
Full Name (Last, First, Middle Initial)

Mailing Address 40870 275th St

City Parkston State SD Zip Code 57366-5604

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

Name of Employer Avera St Benedict Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 01 / 2015

Transaction ID : C2923342

Amount of Each Receipt this Period
 365.00

B. Kim K Yu MD
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 Employed Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : C2934667

Amount of Each Receipt this Period
 365.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	730.00
TOTAL This Period (last page this line number only).....▶	24481.66

**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 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1449.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2015

Transaction ID : C2939739

Amount of Each Receipt this Period
498.53

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	498.53
TOTAL This Period (last page this line number only).....▶	498.53

**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
02 / 10 / 2015

Transaction ID : D164554

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2015

Transaction ID : D164555

Amount of Each Disbursement this Period

163.96

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
02 / 12 / 2015

Transaction ID : D164556

Amount of Each Disbursement this Period

8.13

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

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

175.34

**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
02 / 13 / 2015

Transaction ID : D164557

Amount of Each Disbursement this Period

15.34

B. American Express

Full Name (Last, First, Middle Initial)

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
02 / 17 / 2015

Transaction ID : D164725

Amount of Each Disbursement this Period

58.90

C. American Express

Full Name (Last, First, Middle Initial)

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
02 / 18 / 2015

Transaction ID : D164726

Amount of Each Disbursement this Period

3.25

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

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

77.49

**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
02 / 23 / 2015

Transaction ID : D164727

Amount of Each Disbursement this Period

11.86

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
02 / 25 / 2015

Transaction ID : D164728

Amount of Each Disbursement this Period

0.81

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
02 / 26 / 2015

Transaction ID : D164729

Amount of Each Disbursement this Period

17.24

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

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

29.91

**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
02 / 27 / 2015

Transaction ID : D164730

Amount of Each Disbursement this Period

1.72

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
02 / 02 / 2015

Transaction ID : D164459

Amount of Each Disbursement this Period

1.35

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
02 / 03 / 2015

Transaction ID : D164460

Amount of Each Disbursement this Period

6.50

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

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

9.57

**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 M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

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

City Spokane State WA Zip Code 99210-2485

Transaction ID : D164456

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

190.93

Candidate Name

Category/
Type

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

190.93

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

483.24

**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. Terry Ann Ann Scriven MD

Mailing Address 18 Old Ocean House Rd

City State Zip Code
Cape Elizabeth ME 04107-2635

Purpose of Disbursement
Refund of contribution made 12/24/14

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
02 / 17 / 2015

Transaction ID : D164539

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Bruce Alan Wallstedt MD

Mailing Address 6323 Canterbury Close

City State Zip Code
Brentwood TN 37027-4870

Purpose of Disbursement
Refund of 2/12/15 contribution

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
02 / 13 / 2015

Transaction ID : D164711

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

415.00

415.00