

**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
FEC ID number: <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
FEC ID number: <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
FEC ID number: <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" value=""/>