

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		417217.01
(b) Cash on Hand at Beginning of Reporting Period.....	452993.96	
(c) Total Receipts (from Line 19)	78532.51	115079.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	531526.47	532296.30
7. Total Disbursements (from Line 31).....	121497.88	122267.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	410028.59	410028.59
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: 02 / 01 / 2016 To: 02 / 29 / 2016

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).....	55983.85	75609.51
(ii) Unitemized	22548.66	38784.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	78532.51	114393.83
(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)	78532.51	114393.83
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	685.46
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))..... ▶	78532.51	115079.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	78532.51	115079.29

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	497.88	1066.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	497.88	1066.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	121000.00	121000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	201.25
(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)).....	0.00	201.25
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)) ..	121497.88	122267.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121497.88	122267.71

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)	78532.51	114393.83
34. Total Contribution Refunds (from Line 28(d))	0.00	201.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78532.51	114192.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	497.88	1066.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	685.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	497.88	381.00

**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 50
	<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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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. Suzanne M Allen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2889 S Swallowtail Ln
 City State Zip Code
 Boise ID 83706-6139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Washington School of Med 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 / 09 / 2016
Transaction ID : C3253788
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Dale Crawford Allison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Alexander Ave
 City State Zip Code
 Waco TX 76708-2301
 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 ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : C3263495
 Amount of Each Receipt this Period
 370.00
 Memo Item

C. Susan M Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N 7th Ave
 City State Zip Code
 Canistota SD 57012-2041
 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 / 17 / 2016
Transaction ID : C3257204
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1735.00
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 50
	<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. Kurt Bradley Angstman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 1st Ave SW
 City Rochester State MN Zip Code 55902-3130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 24 / 2016**
Transaction ID : C3263308
 Amount of Each Receipt this Period **600.00**
 Memo Item

B. Timothy K Atkinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Flat Rock Rd
 City Potsdam State NY Zip Code 13676-4107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263492
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Brian S Bacak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9832 Florence Pl
 City Highlands Ranch State CO Zip Code 80126-3559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Occupation Anschutz
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 06 / 2016**
Transaction ID : C3253071
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1465.00
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 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee

A. David Orrin Barbe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 W 16th St
 City Mountain Grove State MO Zip Code 65711-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : C3258984
 Amount of Each Receipt this Period
 1370.00
 Memo Item
 Aggregate Year-to-Date ▼
 1370.00

B. Christopher M Baumert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 723 N 32nd St
 City Billings State MT Zip Code 59101-0622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : C3257230
 Amount of Each Receipt this Period
 365.00
 Memo Item
 Aggregate Year-to-Date ▼
 365.00

C. Mark Harris Belfer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Brook Rd
 City Wadsworth State OH Zip Code 44281-8854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : C3263309
 Amount of Each Receipt this Period
 300.00
 Memo Item
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional).....	2035.00
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 50
	<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. Wendy S Biggs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11400 Tomahawk Creek Pkwy
 City Leawood State KS Zip Code 66211-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kansas Medical School Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1370.00**

Date of Receipt **02 / 10 / 2016**
Transaction ID : C3254690
 Amount of Each Receipt this Period **1370.00**
 Memo Item

B. Gary K Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Dressel Ave
 City Belchertown State MA Zip Code 01007-9468
 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 **02 / 09 / 2016**
Transaction ID : C3253766
 Amount of Each Receipt this Period **200.00**
 Memo Item

C. Gary K Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Dressel Ave
 City Belchertown State MA Zip Code 01007-9468
 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 **02 / 17 / 2016**
Transaction ID : C3257219
 Amount of Each Receipt this Period **200.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1770.00**
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 50
	<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. Robert C M Bourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Cajon St
 City Redlands State CA Zip Code 92373-5202
 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 **02 / 25 / 2016**
Transaction ID : C3263885
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Emily D Briggs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 N Houston Ave Ste B
 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: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : C3264342
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Ellen Sandra Brull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Arbor Ln
 City Glenview State IL Zip Code 60025-3234
 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 **3000.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263936
 Amount of Each Receipt this Period **3000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3865.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<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. Jennifer L Brull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5
 City Plainville State KS Zip Code 67663-0005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : C3250657
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. E Chris C Bush MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8597 Marquette Dr
 City Grosse Ile State MI Zip Code 48138-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : C3253774
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Gerald William Cahill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 4Th St # 1
 City Malone State NY Zip Code 12953-1331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : C3263498
 Amount of Each Receipt this Period
 370.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1870.00
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 50
<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. Jeffrey J Cain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 S High St
 City Denver State CO Zip Code 80209-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 17 / 2016
Transaction ID : C3257228
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Joseph A Cincotta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Wellsville Rd
 City Wellsville State PA Zip Code 17365-9645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 25 / 2016
Transaction ID : C3263494
 Amount of Each Receipt this Period 300.00
 Memo Item

c. Deborah S Clements MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 867 Laurel Ave
 City Highland Park State IL Zip Code 60035-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern University Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 06 / 2016
Transaction ID : C3253038
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1800.00
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 50
	<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. Steven Michael Connolly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7410 Old Erie View Dr
 City Fayetteville State NY Zip Code 13066-9679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Familycare medical group Occupation: physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt: **02 / 28 / 2016**
Transaction ID : C3264761
 Amount of Each Receipt this Period: **365.00**
 Memo Item

B. 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: **02 / 19 / 2016**
Transaction ID : C3259256
 Amount of Each Receipt this Period: **416.66**
 Memo Item

C. Thomas M Dean MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 335
 409 W 10th Street
 City Wessington Springs State SD Zip Code 57382-0335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Horizon Health Care Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: **02 / 17 / 2016**
Transaction ID : C3257236
 Amount of Each Receipt this Period: **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1281.66
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 14 OF 50
	<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. Heidi Miller Duncan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 Gregory Dr N
 City Billings State MT Zip Code 59102-0507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Billings Clinic 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
 02 / 24 / 2016
Transaction ID : C3263407
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. James A Elzy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1351 Bryant St NE Apt 4
 City Washington State DC Zip Code 20018-1156
 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 / 07 / 2016
Transaction ID : C3253100
 Amount of Each Receipt this Period
 365.00
 Memo Item

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 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2016
Transaction ID : C3265542
 Amount of Each Receipt this Period
 350.00
 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 50
	<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. Walter F Fletcher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 486
 City Martin State TN Zip Code 38237-0486
 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 / 03 / 2016
Transaction ID : C3255798
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Conrad L Flick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 E Charlotte Ct
 City Raleigh State NC Zip Code 27607-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medical Associates of Raleigh Occupation 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 / 09 / 2016
Transaction ID : C3253799
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Andrea M Gavin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Kiley Way
 City Plymouth State WI Zip Code 53073-5020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Health Care 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 / 06 / 2016
Transaction ID : C3253032
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 50
	<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. Daron W Gersch MD
Full Name (Last, First, Middle Initial)

Mailing Address 310 Golfview Dr

City Albany State MN Zip Code 56307-9315

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 02 / 10 / 2016
Transaction ID : C3254686

Amount of Each Receipt this Period 500.00

Memo Item

B. Michael David Goodwin
Full Name (Last, First, Middle Initial)

Mailing Address 26220 Sw Canyon Creek Rd Apt 201

City Wilsonville State OR Zip Code 97070-7649

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

Name of Employer Providence Health & Services Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 03 / 2016
Transaction ID : C3251769

Amount of Each Receipt this Period 365.00

Memo Item

C. Connie H Hahn DO
Full Name (Last, First, Middle Initial)

Mailing Address 605 Hyalite View Dr

City Bozeman State MT Zip Code 59718-7377

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 02 / 18 / 2016
Transaction ID : C3259167

Amount of Each Receipt this Period 365.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<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. Clare Arnot Hawkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6121 Annapolis St
 City Houston State TX Zip Code 77005-3113
 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 **02 / 16 / 2016**
Transaction ID : C3264421
 Amount of Each Receipt this Period **365.00**
 Memo Item
 Aggregate Year-to-Date **365.00**

B. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W 18th St
 City Sioux Falls State SD Zip Code 57105-0401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sioux Valley Health Systems Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt **02 / 07 / 2016**
Transaction ID : C3253081
 Amount of Each Receipt this Period **209.00**
 Memo Item
 Aggregate Year-to-Date **418.00**

C. Miyoshi L Henry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6657
 City Slidell State LA Zip Code 70469-6657
 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 **02 / 25 / 2016**
Transaction ID : C3263926
 Amount of Each Receipt this Period **370.00**
 Memo Item
 Aggregate Year-to-Date **420.00**

SUBTOTAL of Receipts This Page (optional).....	944.00
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 50
	<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. Thomas C Hines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Lawler Rd
 City Medford State MA Zip Code 02155-2131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Medical Center Occupation 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 / 16 / 2016
Transaction ID : C3264424
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. David J Hoelting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Lloyd St
 City Pender State NE Zip Code 68047-5021
 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 / 09 / 2016
Transaction ID : C3253764
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Wayne K Hoffman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Rock Springs Rd Ne
 City Atlanta State GA Zip Code 30324-5102
 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 / 17 / 2016
Transaction ID : C3257083
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Ann H Hoffmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W7876 County Road O
 City Mauston State WI Zip Code 53948-9328
 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 ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : C3263312
 Amount of Each Receipt this Period
 370.00
 Memo Item

B. David Martin Hoffmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W7876 County Road O
 City Mauston State WI Zip Code 53948-9328
 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 ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : C3263311
 Amount of Each Receipt this Period
 370.00
 Memo Item

C. James S Irwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 5th Ave W
 City Jerome State ID Zip Code 83338-1825
 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 ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : C3259033
 Amount of Each Receipt this Period
 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2340.00
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 50
	<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 Holladay State UT Zip Code 84124-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Utah School of Medicine Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 02 / 03 / 2016
Transaction ID : C3251724
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Marilyn Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 W National Rd
 City Vandalia State OH Zip Code 45377-1932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vandalie Family Practice Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 370.00

Date of Receipt 02 / 25 / 2016
Transaction ID : C3263519
 Amount of Each Receipt this Period 370.00
 Memo Item

C. Samuel M Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10145 Community Ln
 City Fairfax Station State VA Zip Code 22039-2530
 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 02 / 25 / 2016
Transaction ID : C3263955
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	985.00
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 50
	<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. Carla Lee Kakutani MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Abbey St
 City Winters State CA Zip Code 95694-1837
 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 **700.00**

Date of Receipt **02 / 24 / 2016**
Transaction ID : C3264456
 Amount of Each Receipt this Period **700.00**
 Memo Item

B. Thomas A Kintanar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10330 Schlatter Rd
 City Leo State IN Zip Code 46765-9503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Family Medical Consultants Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263528
 Amount of Each Receipt this Period **370.00**
 Memo Item

C. John Albert Kotyo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3774 School Ln
 City Newtown Square State PA Zip Code 19073-3205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riddle Memorial Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 09 / 2016**
Transaction ID : C3253796
 Amount of Each Receipt this Period **350.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1420.00
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 50
<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. Deborah Ann Kullerd MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21855 Ingileif Ln # 154
 City Nemo State SD Zip Code 57759-7641
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 17 / 2016
Transaction ID : C3257225
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robert Stanley Lemons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2402 Misty Cove Cir
 City Apopka State FL Zip Code 32712-6490
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 02 / 09 / 2016
Transaction ID : C3253771
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Gary L LeRoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 E 1st Street Suite 102
 City Dayton State OH Zip Code 45405-4051
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 24 / 2016
Transaction ID : C3263318
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<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. Joe Marie Franz S Llenos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 E Prairie View Ln
 City Meridian State ID Zip Code 83642-2585
 Occupation Family Physician
 Name of Employer Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 24 / 2016
Transaction ID : C3264459
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Michael L Madden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4907 Windermere Blvd
 City Alexandria State LA Zip Code 71303-2459
 Occupation Family Physician
 Name of Employer L.S. U. HSC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 02 / 17 / 2016
Transaction ID : C3257222
 Amount of Each Receipt this Period 1300.00
 Memo Item

C. Melanie Jo Malec MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5405 Brookside Trl
 City Solon State OH Zip Code 44139-1671
 Occupation Physician
 Name of Employer Lake Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 04 / 2016
Transaction ID : C3251832
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2030.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<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. Jesus A Manteca-Elias MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 494 Lee St
 City Des Plaines State IL Zip Code 60016-4607
 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 **730.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : C3257217
 Amount of Each Receipt this Period **730.00**
 Memo Item

B. Anna M McMaster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address U335 State Route 109
 City Liberty Center State OH Zip Code 43532-8703
 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 **370.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : C3257215
 Amount of Each Receipt this Period **370.00**
 Memo Item

c. John S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 09 / 2016**
Transaction ID : C3253765
 Amount of Each Receipt this Period **75.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<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. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2016

Transaction ID : C3257218

Amount of Each Receipt this Period
25.00

Memo Item

B. John S Meigs MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2016

Transaction ID : C3263508

Amount of Each Receipt this Period
25.00

Memo Item

C. Deborah E Miller Miller
Full Name (Last, First, Middle Initial)

Mailing Address 913 Tamer Ln

City State Zip Code
Glenview IL 60025-3768

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2016

Transaction ID : C3253787

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 50
	<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. 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 Crossing Healthcare Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : C3255819
 Amount of Each Receipt this Period **365.00**
 Memo Item

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

Date of Receipt **02 / 06 / 2016**
Transaction ID : C3253066
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Shani Ife Muhammad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6058 Lakeview Cir
 City San Ramon State CA Zip Code 94582-4867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kings Winery Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263871
 Amount of Each Receipt this Period **320.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	935.00
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 50
	<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. Michael Lawrence Munger MD

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. Lukes Medical Group Occupation 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 / 05 / 2016

Transaction ID : C3252160

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. David T O'Gurek MD

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 Temple University School of Medicine 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 / 08 / 2016

Transaction ID : C3253178

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. David C Olson MD

Mailing Address S68W17729 Marybeck Ln

City Muskego State WI Zip Code 53150-8508

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

Name of Employer Self Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : C3263490

Amount of Each Receipt this Period
365.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. Daniel J Ostergaard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14547 S Hagan St
 City Olathe State KS Zip Code 66062-9001
 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 **02 / 18 / 2016**
Transaction ID : C3258986
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Karen S Phelps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Kestwick Dr W # Rw
 City Martinez State GA Zip Code 30907-1690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DoD Dept of Army Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : C3264833
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Robert H Potter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10069 Grubbs Rd
 City Wexford State PA Zip Code 15090-9647
 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 **400.00**

Date of Receipt **02 / 10 / 2016**
Transaction ID : C3254680
 Amount of Each Receipt this Period **400.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<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. Karla Graue Pratt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1239 120th Ave NE
 City Bellevue State WA Zip Code 98005-2133
 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 / 24 / 2016
Transaction ID : C3263404
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Robert F Raspa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2233 Salt Myrtle Ln
 City Fleming Island State FL Zip Code 32003-7077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Vincent's Physician Enterprise 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 / 03 / 2016
Transaction ID : C3256041
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. David C Rau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4232 N Riverside Dr
 City Columbus State IN Zip Code 47203-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rau Family Medicine Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : C3253777
 Amount of Each Receipt this Period
 370.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	1100.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<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. Stephen D Richards DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 E Kennedy St
 City Algona State IA Zip Code 50511-3448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2500.00

Date of Receipt 02 / 18 / 2016
Transaction ID : C3259166
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Margot Latrese Savoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Foulk Rd
 City Wilmington State DE Zip Code 19803-2763
 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 02 / 06 / 2016
Transaction ID : C3253060
 Amount of Each Receipt this Period 365.00
 Memo Item

c. Maxwell Curtis Scarlett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 330729
 City Fort Worth State TX Zip Code 76163-0729
 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 02 / 03 / 2016
Transaction ID : C3256043
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 3230.00
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 32 OF 50
	<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 Sevilla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2370 Southeast Blvd
 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: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 28 / 2016**
Transaction ID : C3264773
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Aaron Burl Shives MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 28th Ave SE
 City Watertown State SD Zip Code 57201-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : C3257085
 Amount of Each Receipt this Period **370.00**
 Memo Item

C. Andrew Clifford Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 370
 207 Lorenz Lane
 City Guttenberg State IA Zip Code 52052-0370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medicine Associate Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263501
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1235.00
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 33 OF 50
	<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. Brent William Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Palmer Ct
 City Dixon State CA Zip Code 95620-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Air Force Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263525
 Amount of Each Receipt this Period **550.00**
 Memo Item

B. Daniel R Spogen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Brigham Building MS 316
 City Reno State NV Zip Code 89557-0001
 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 **02 / 25 / 2016**
Transaction ID : C3263787
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Dana Dana Sprute Sprute
 Full Name (Last, First, Middle Initial)
 Mailing Address 5109 Turnabout Lane
 City Austin State TX Zip Code 78701-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton/Ascension Health Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : C3256045
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1415.00
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 34 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne County Health Department Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **218.19**

Date of Receipt **02 / 04 / 2016**
Transaction ID : C3252098
 Amount of Each Receipt this Period **218.19**
 Memo Item

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

Date of Receipt **02 / 04 / 2016**
Transaction ID : C3251830
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Daniel J Van Durme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Dardwood Ln
 City Tallahassee State FL Zip Code 32312-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FSU College of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263503
 Amount of Each Receipt this Period **370.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	838.19
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 35 OF 50
	<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. Gregg K VandeKieft MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 Lilly Rd NE
 City Olympia State WA Zip Code 98506-5133
 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 **02 / 10 / 2016**
Transaction ID : C3254681
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. 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 Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : C3263960
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Daniel A Walters MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2304 E County Road 950 N
 City Seymour State IN Zip Code 47274-8155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caring Family Physicians Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : C3257233
 Amount of Each Receipt this Period **500.00**
 Memo Item

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 36 OF 50
	<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. Mary Jo Jo Welker MD
Full Name (Last, First, Middle Initial)

Mailing Address OSU-Rardin Family Practice Center
2231 N High St

City Columbus State OH Zip Code 43201-1101

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

Name of Employer Ohio State University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2016
Transaction ID : C3263499

Amount of Each Receipt this Period
1000.00

Memo Item

B. Robert L Wergin MD
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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2016
Transaction ID : C3253036

Amount of Each Receipt this Period
1000.00

Memo Item

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2016
Transaction ID : C3265551

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 37 OF 50
	<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. Chad L White MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 487

City Hamlin State TX Zip Code 79520-0487

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 ▼ 520.00

Date of Receipt
02 / 25 / 2016
Transaction ID : C3263886

Amount of Each Receipt this Period
520.00

Memo Item

B. Gustav C Wilde MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 773

City Franklin State NC Zip Code 28744-0773

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 ▼ 550.00

Date of Receipt
02 / 18 / 2016
Transaction ID : C3259039

Amount of Each Receipt this Period
550.00

Memo Item

C. David P Wright MD
Full Name (Last, First, Middle Initial)

Mailing Address 1313 Red River St Ste 100

City Austin State TX Zip Code 78701-1923

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

Name of Employer Seton Hospital Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt
02 / 25 / 2016
Transaction ID : C3263471

Amount of Each Receipt this Period
740.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1810.00
TOTAL This Period (last page this line number only).....▶	55983.85

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

Transaction ID : D171412

Amount of Each Disbursement this Period

7.95

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : D171413

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

Transaction ID : D171414

Amount of Each Disbursement this Period

7.09

Memo Item

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

18.29

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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
02 / 09 / 2016

Transaction ID : D171415

Amount of Each Disbursement this Period

4.88

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2016

Transaction ID : D171416

Amount of Each Disbursement this Period

35.40

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
02 / 11 / 2016

Transaction ID : D171417

Amount of Each Disbursement this Period

1.01

Memo Item

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

41.29

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
02 / 16 / 2016

Transaction ID : D171418

Amount of Each Disbursement this Period

62.40

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
02 / 16 / 2016

Transaction ID : D171419

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : D171420

Amount of Each Disbursement this Period

2.98

Memo Item

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

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

68.63

**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
02 / 17 / 2016

Transaction ID : D171421

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
02 / 18 / 2016

Transaction ID : D171422

Amount of Each Disbursement this Period

1.69

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
02 / 19 / 2016

Transaction ID : D171423

Amount of Each Disbursement this Period

14.63

Memo Item

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

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

19.57

**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. 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
02 / 22 / 2016

Transaction ID : D171425

Amount of Each Disbursement this Period

108.88

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : D171426

Amount of Each Disbursement this Period

13.54

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
02 / 24 / 2016

Transaction ID : D171427

Amount of Each Disbursement this Period

3.90

Memo Item

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

126.32

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
02 / 29 / 2016

Transaction ID : D171428

Amount of Each Disbursement this Period

15.11

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : D171429

Amount of Each Disbursement this Period

208.67

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

223.78

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

497.88

**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. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170799

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Contribution to Committee Building Fund

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Headquarters

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171089

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171090

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

45000.00

**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. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Phil Roe

Office Sought: House Senate President

State: TN District: 01

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171094

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170798

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Contribution to Committee Legal Proceedings Fund

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016 Primary General Other (specify) ▼
Legal

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171096

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

35000.00

**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. DAVID ROUZER FOR CONGRESS

Mailing Address PO Box 2267

City State Zip Code
Smithfield NC 27577-2267

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. David Rouzer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 07

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171095

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171092

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City State Zip Code
HOUSTON TX 77222

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 29

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170793

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)

<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. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin Brady

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170823

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : D171091

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
02 / 19 / 2016

Transaction ID : D171093

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

9000.00

**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
02 / 09 / 2016

Transaction ID : D170796

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address PO Box 1541

City State Zip Code
Boise ID 83701-1541

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike Simpson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170797

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul D. Ryan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170801

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)..... ▶

6000.00

**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. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul D. Ryan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170802

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City State Zip Code
RALEIGH NC 27624

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Renee Ellmers

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170794

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code
PITTSBURGH PA 15234

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tim Murphy

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : D170795

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

8500.00

**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. BLUMENTHAL FOR CONNECTICUT

Mailing Address 777 Summer St
Ste 103

City State Zip Code
Stamford CT 06901-1085

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Richard Blumenthal

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : D170792

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO Box 11586

City State Zip Code
Washington DC 20008-0786

Purpose of Disbursement
Campaign 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 / 09 / 2016

Transaction ID : D170790

Amount of Each Disbursement this Period

5000.00

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) ▼

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)..... ▶

7500.00

121000.00