

**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 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Nafisa U Neighbors MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2015 Transaction ID : C3185351
Mailing Address 2089 Cecil Ashburn Dr SE Ste 101		Amount of Each Receipt this Period 300.00
City Huntsville	State AL	Zip Code 35802-2568
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mary S Nguyen MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015 Transaction ID : C3185358
Mailing Address 5727 Welsch Vw		Amount of Each Receipt this Period 35.00
City San Antonio	State TX	Zip Code 78249-3149
FEC ID number of contributing federal political committee. C		
Name of Employer Medina Valley Family Practice	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) C. Dennis Earl Novak MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2015 Transaction ID : C3185368
Mailing Address 1001 Lacey Rd		Amount of Each Receipt this Period 1000.00
City Forked River	State NJ	Zip Code 08731-0780
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	