



**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="2014"/>		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	419699.22	
(c) Total Receipts (from Line 19) .....	26782.53	348688.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	446481.75	757482.36
7. Total Disbursements (from Line 31).....	67802.12	378802.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	378679.63	378679.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Academy of Family Physicians Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	16304.59	226468.07
(ii) Unitemized .....	10087.09	109147.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26391.68	335615.10
(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) .....	26391.68	335615.10
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).....	390.85	5573.66
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
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))..... ▶	26782.53	348688.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26782.53	348688.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	410.87	5661.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	410.87	5661.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67300.00	373000.00
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 .....	91.25	141.25
(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)).....	91.25	141.25
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)) ..	67802.12	378802.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67802.12	378802.73

**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) .....	26391.68	335615.10
34. Total Contribution Refunds (from Line 28(d)) .....	91.25	141.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26300.43	335473.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	410.87	5661.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	390.85	5573.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20.02	87.82



**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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Frederic Baker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Mark Cir

City Holden State MA Zip Code 01520-1410

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

Name of Employer UMMHC Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2014

**Transaction ID : C2818677**

Amount of Each Receipt this Period  
 43.00

**B. Justin V Bartos MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Cagle Dr Ste 200

City North Richland Hills State TX Zip Code 76180-8380

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

Name of Employer North Hills Family Medicine Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C2830497**

Amount of Each Receipt this Period  
 42.00

**C. Thomas E Bat MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Old Milton Pkwy

City Alpharetta State GA Zip Code 30005-3707

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 ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C2833230**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2585.00
<b>TOTAL</b> 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 41
	<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) <b>A. Joane Goforth Baumer MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014
Mailing Address 910 Houston St Apt 701		<b>Transaction ID : C2828567</b>
City Fort Worth	State TX	Zip Code 76102-6224
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 ▼ 685.00	
		Amount of Each Receipt this Period 105.00

Full Name (Last, First, Middle Initial) <b>B. Reid B Blackwelder MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2014
Mailing Address 4407 Leedy Rd		<b>Transaction ID : C2824953</b>
City Kingsport	State TN	Zip Code 37664-2117
FEC ID number of contributing federal political committee.	C	
Name of Employer ETSU	Occupation Professor, Family Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) <b>C. Robert V Blakeburn MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2014
Mailing Address 800 Frisco Ave		<b>Transaction ID : C2824991</b>
City Clinton	State OK	Zip Code 73601-3318
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 ▼ 250.00	
		Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.00
<b>TOTAL</b> 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 41
	<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 1538 Dwight St  
 City Redlands State CA Zip Code 92373-7013  
 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 **735.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : C2832439**  
 Amount of Each Receipt this Period  
**365.00**

**B. Brian Brian Budenholzer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3637 Calvary Dr  
 City Greenville State NC Zip Code 27834-0940  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : C2831338**  
 Amount of Each Receipt this Period  
**150.00**

**C. Jeffrey M Byrne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Rolling Green Ln  
 City Chelmsford State MA Zip Code 01824-4469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHELMSFORD FAMILY PRACTICE, PC  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : C2825240**  
 Amount of Each Receipt this Period  
**750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1265.00</b>
<b>TOTAL</b> 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 41
	<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 F Campagnolo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1561 Route 38 Ste 6  
 City Lumberton State NJ Zip Code 08048-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virtua Medical Group Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 572.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : C2830499**  
 Amount of Each Receipt this Period  
 143.00

**B. Lee Marvin Carter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 506  
 City Huntingdon State TN Zip Code 38344-0506  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : C2834602**  
 Amount of Each Receipt this Period  
 100.00

**C. 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 Physician Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : C2830498**  
 Amount of Each Receipt this Period  
 416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	659.66
<b>TOTAL</b> 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 41
	<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. Susan E Even MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Hospital Dr  
 City Columbia State MO Zip Code 65212-0001  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : C2833221**  
 Amount of Each Receipt this Period  
**250.00**

**B. Elisabeth K Farnum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Hyland Ave  
 City East Greenwich State RI Zip Code 02818-2901  
 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 **288.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : C2826186**  
 Amount of Each Receipt this Period  
**36.00**

**C. Wanda D Filer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Aqua Ct  
 City York State PA Zip Code 17403-3623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategic Health Institute  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3150.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2014  
**Transaction ID : C2833792**  
 Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... **636.00**  
**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 41
	<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. Boyde Jerome Harrison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 26th St  
 City State Zip Code  
 Haleyville AL 35565-1719  
 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 ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2014  
**Transaction ID : C2819666**  
 Amount of Each Receipt this Period  
 84.00

**B. Daniel J Heinemann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 W 18th St  
 City State Zip Code  
 Sioux Falls SD 57105-0401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sioux Valley Health Systems Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2014  
**Transaction ID : C2818674**  
 Amount of Each Receipt this Period  
 200.00

**C. Avraham Henoch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 W 160th St  
 City State Zip Code  
 New York NY 10032-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Avraham Henoch MD PC Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : C2821889**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	584.00
<b>TOTAL</b> 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 41
	<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. John Byron Hoehn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 S 2Nd Ave  
 City Walla Walla State WA Zip Code 99362-4118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adventist Health Medical Group Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : C2817661**  
 Amount of Each Receipt this Period  
 300.00

**B. David Standish Hoskins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2200  
 City Minden State NV Zip Code 89423-2200  
 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 ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : C2817389**  
 Amount of Each Receipt this Period  
 30.00

**C. Donald Leland Ives MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 440  
 City Ester State AK Zip Code 99725-0440  
 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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : C2825782**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> 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 41
	<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. Jessica Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5933 SW Hood Ave  
 City Portland State OR Zip Code 97239-3718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OHSU Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : C2821851**  
 Amount of Each Receipt this Period  
 35.00

**B. Gregory King MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Vail Rd  
 City Bennington State VT Zip Code 05201-9597  
 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 ▼ 545.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : C2831899**  
 Amount of Each Receipt this Period  
 55.00

**C. Andrew Harry Kotsis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14062 Billette Dr  
 City Sterling Heights State MI Zip Code 48313-2718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 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  
 09 / 24 / 2014  
**Transaction ID : C2831358**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.00
<b>TOTAL</b> 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 41
<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. Christopher M Mahr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3085 Firestone Ct  
 City Sumter State SC Zip Code 29150-7075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 01 / 2014**  
**Transaction ID : C2816956**  
 Amount of Each Receipt this Period **45.00**

**B. Kevin B Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 219th Ave E  
 City Lake Tapps State WA Zip Code 98391-5634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Care Physician Services Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 14 / 2014**  
**Transaction ID : C2824952**  
 Amount of Each Receipt this Period **50.00**

**C. Lee W McCallum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7248 Oakville Dr  
 City Germantown State TN Zip Code 38138-2075  
 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 **250.00**

Date of Receipt **09 / 24 / 2014**  
**Transaction ID : C2831354**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>345.00</b>
<b>TOTAL</b> 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 41
	<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. Amy Kristen McIntyre MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1140 W Diamond St  
 City Butte State MT Zip Code 59701-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Butte Community Health Center Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **328.50**

Date of Receipt **09 / 28 / 2014**  
**Transaction ID : C2833790**  
 Amount of Each Receipt this Period **36.50**

**B. 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 **925.00**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : C2825212**  
 Amount of Each Receipt this Period **75.00**

**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 **925.00**

Date of Receipt **09 / 24 / 2014**  
**Transaction ID : C2831378**  
 Amount of Each Receipt this Period **25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.50</b>
<b>TOTAL</b> 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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Anne M Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44818 Oro Grande Cir  
 City State Zip Code  
 Indian Wells CA 92210-7411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Eisenhower Medical Associates Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2014  
**Transaction ID : C2833719**  
 Amount of Each Receipt this Period  
 250.00

**B. Dale C Moquist MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4318 Lake Walk Ct  
 City State Zip Code  
 Missouri City TX 77459-3268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 824.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : C2821850**  
 Amount of Each Receipt this Period  
 91.66

**C. Javette C Orgain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 806527  
 City State Zip Code  
 Chicago IL 60680-4126  
 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 ▼  
 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : C2831382**  
 Amount of Each Receipt this Period  
 187.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	529.16
<b>TOTAL</b> 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 41
	<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. Paul Henry Pappas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 941 Clear Creek Dr  
 City Texarkana State TX Zip Code 75503-1143  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : C2831352**  
 Amount of Each Receipt this Period  
 750.00

**B. PuiFun Lila Pappas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 941 Clear Creek Dr  
 City Texarkana State TX Zip Code 75503-1143  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : C2831353**  
 Amount of Each Receipt this Period  
 750.00

**C. Angelo N Patsalis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36237 6 Mile Rd  
 City Livonia State MI Zip Code 48152-2747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Health System  
 Occupation Senior Staff 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  
 09 / 10 / 2014  
**Transaction ID : C2822962**  
 Amount of Each Receipt this Period  
 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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. Judith A Pauwels MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 31st Ave  
 City Seattle State WA Zip Code 98122-5023  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : C2831360**  
 Amount of Each Receipt this Period  
 500.00

**B. Sandhya Anna Prabhakar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Morse St  
 City Santa Clara State CA Zip Code 95050-6023  
 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  
 09 / 29 / 2014  
**Transaction ID : C2834182**  
 Amount of Each Receipt this Period  
 365.00

**C. Gregory C Reicks DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 775 25 3/4 Rd  
 City Grand Junction State CO Zip Code 81505-9507  
 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  
 09 / 10 / 2014  
**Transaction ID : C2822055**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> 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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Robert Chuck Rich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10  
 City Bladenboro State NC Zip Code 28320-0010  
 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 **248.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : C2827059**  
 Amount of Each Receipt this Period  
**31.00**

**B. Elisabeth L Righter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 267 Park Dr  
 City Dayton State OH Zip Code 45410-1315  
 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 **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2014  
**Transaction ID : C2833791**  
 Amount of Each Receipt this Period  
**100.00**

**c. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : C2827061**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>181.00</b>
<b>TOTAL</b> 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 41
	<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) <b>A. Paula L Schultz MD</b>		Date of Receipt
Mailing Address PO BOX 729		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woodville	TX	75979-0729
FEC ID number of contributing federal political committee.		<b>Transaction ID : C2831344</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edward Jay Schwager MD</b>		Date of Receipt
Mailing Address 6567 E Carondelet Dr Ste 555		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tucson	AZ	85710-6152
FEC ID number of contributing federal political committee.		<b>Transaction ID : C2818676</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Carondelet Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. George Wm Shannon MD</b>		Date of Receipt
Mailing Address 2301 Slate Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	GA	31906-1443
FEC ID number of contributing federal political committee.		<b>Transaction ID : C2834605</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Horizons Diagnostics	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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. Barbara Sheets Olson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1049  
 City Lisbon State ND Zip Code 58054-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Information Requested  
 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  
 09 / 24 / 2014  
**Transaction ID : C2831343**  
 Amount of Each Receipt this Period  
 1000.00

**B. Linda Marie Siy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4133 Bilglade Rd  
 City Fort Worth State TX Zip Code 76109-5436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of North Texas Health Scien  
 Occupation Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : C2817388**  
 Amount of Each Receipt this Period  
 30.50

**C. Tobie-Lynn Smith MD, M.ED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1114 F St NE  
 City Washington State DC Zip Code 20002-5382  
 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 ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : C2819871**  
 Amount of Each Receipt this Period  
 40.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1071.00
<b>TOTAL</b> 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 41
	<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 Self Employed  
 Occupation 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  
 09 / 06 / 2014  
**Transaction ID : C2818678**  
 Amount of Each Receipt this Period  
 200.00

**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 Center  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : C2834604**  
 Amount of Each Receipt this Period  
 250.00

**C. David Ethan Swee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 675 Hoes Ln W  
 City Piscataway State NJ Zip Code 08854-8021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2014  
**Transaction ID : C2833788**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 491.67  
**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 41
	<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. Raja Talati MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 SW Classico Ct  
 City Port Saint Lucie State FL Zip Code 34986-2338  
 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 **325.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : C2832405**  
 Amount of Each Receipt this Period **25.00**

**B. Stacy J Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 173 E Cotton Hill Rd  
 City New Hartford State CT Zip Code 06057-3524  
 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 **255.50**

Date of Receipt **09 / 06 / 2014**  
**Transaction ID : C2818675**  
 Amount of Each Receipt this Period **36.50**

**C. Lloyd P Van Winkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 960  
 City Castroville State TX Zip Code 78009-0960  
 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 **540.00**

Date of Receipt **09 / 24 / 2014**  
**Transaction ID : C2831381**  
 Amount of Each Receipt this Period **60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **121.50**  
**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 41
	<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. Richard Andre Wherry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Tipton Dr  
 City State Zip Code  
 Dahlonega GA 30533-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chestatee Regional Hospital Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : C2817969**  
 Amount of Each Receipt this Period  
 250.00

**B. David A Willey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 863 Oriole Lane  
 City State Zip Code  
 Chaska MN 55318-2152  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : C2825227**  
 Amount of Each Receipt this Period  
 250.00

**C. Steven C Zweig MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address M224 Health Science Center  
 Umc School Of Med  
 City State Zip Code  
 Columbia MO 65212-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of MO Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : C2832425**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16304.59

**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 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. American Academy of Family Physicians**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11400 Tomahawk Creek Pkwy  
 City Leawood State KS Zip Code 66211-2672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5573.66

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : C2821565**  
 Amount of Each Receipt this Period  
 386.93

**B. American Academy of Family Physicians**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11400 Tomahawk Creek Pkwy  
 City Leawood State KS Zip Code 66211-2672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5573.66

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : C2831585**  
 Amount of Each Receipt this Period  
 3.92

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.85
<b>TOTAL</b> This Period (last page this line number only).....▶	390.85

**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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : D160847**

Amount of Each Disbursement this Period

12.73

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : D160848**

Amount of Each Disbursement this Period

6.83

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : D160849**

Amount of Each Disbursement this Period

3.25

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

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

22.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2014

**Transaction ID : D161235**

Amount of Each Disbursement this Period

9.75

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161236**

Amount of Each Disbursement this Period

2.73

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : D161237**

Amount of Each Disbursement this Period

15.11

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

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

27.59

**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  
09 / 15 / 2014

Transaction ID : D161238

Amount of Each Disbursement this Period

3.97

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  
09 / 18 / 2014

Transaction ID : D162010

Amount of Each Disbursement this Period

3.25

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  
09 / 22 / 2014

Transaction ID : D162011

Amount of Each Disbursement this Period

3.25

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

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

10.47

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : D162012**

Amount of Each Disbursement this Period

3.25

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : D162013**

Amount of Each Disbursement this Period

6.09

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : D162014**

Amount of Each Disbursement this Period

1.37

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

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

10.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : D162015**

Amount of Each Disbursement this Period

99.61

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : D162016**

Amount of Each Disbursement this Period

7.95

**C. 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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : D160846**

Amount of Each Disbursement this Period

231.73

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

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

339.29

410.87

**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. GENE PAC**

Mailing Address 256 N Sam Houston Pkwy E  
Ste 278

City Houston State TX Zip Code 77060-2008

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

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161001**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. LEGPAC**

Mailing Address 38 IVY ST., SE

City WASHINGTON State DC Zip Code 20003

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

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161007**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. LOBO PAC**

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103-0492

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Martin Heinrich**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : D161186**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. NUNN FOR SENATE INC**

Mailing Address PO Box 78936

City Atlanta State GA Zip Code 30357-2936

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Ms. Mary Michelle Nunn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : D161179**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 AVENUE I

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Adrian Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D160981**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161011**

Amount of Each Disbursement this Period

1500.00

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. VAN HOLLEN FOR CONGRESS**

Mailing Address 10537 St. Paul St.  
Ste 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Chris Van Hollen**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D160978**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Earl Blumenauer**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161003**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Gus Bilirakis**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D160980**

Amount of Each Disbursement this Period

1500.00

**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. CASTOR FOR CONGRESS**

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kathy Castor**

Office Sought:  House  
 Senate  
 President  
State: FL District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161005**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. 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: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D160984**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MIKE HONDA FOR CONGRESS**

Mailing Address P.O. Box 8180  
Apt 2

City San Jose State CA Zip Code 95155

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michael M. Honda**

Office Sought:  House  
 Senate  
 President  
State: CA District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D160985**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michelle Lujan Lujan Grisham**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : D160979**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. NITA LOWEY FOR CONGRESS**

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Nita M. Lowey**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	4

**Transaction ID : D161234**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road  
Ste 2000

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Pat Tiberi**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : D161012**

Amount of Each Disbursement this Period

1	3	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	3	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	3	0	0	.	0	0
---	---	---	---	---	---	---

**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. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Peter Roskam**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D161004**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**

Mailing Address 426 C St NE  
Rear Building

City Washington State DC Zip Code 20002

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  
09 / 11 / 2014

**Transaction ID : D160983**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. CAIN FOR CONGRESS**

Mailing Address PO Box 1523

City Bangor State ME Zip Code 04402-1523

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Emily Ann Cain**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : D161180**

Amount of Each Disbursement this Period

5000.00

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

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

13000.00

**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. JEFF MERKLEY FOR OREGON**

Mailing Address PO BOX 14172

City PORTLAND State OR Zip Code 97293

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Jeff Merkley**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : D161181**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Lamar Alexander**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : D161175**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Susan Collins**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D160982**

Amount of Each Disbursement this Period

2500.00

**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. SILK PAC**

Mailing Address PO Box 286

City Caldwell State NJ Zip Code 07006-0286

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
0	9		1	1		2	0	1	4

**Transaction ID : D161002**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

2	5	0	0	.	0	0
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6	7	3	0	0	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Cesar A Rodriguez**

Mailing Address 19620 E Oakmont Dr

City Hialeah State FL Zip Code 33015-2051

Purpose of Disbursement  
Refund of 9/29 duplicate credit card contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : D161649**

Amount of Each Disbursement this Period

91.25

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

91.25

91.25