

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Academy of Physician Assistants Political Action Committee (PA PAC)

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer L. Dorn

Signature of Treasurer Jennifer L. Dorn [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Physician Assistants Political Action Committee (PA PAC)

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"/>		69540.28
(b) Cash on Hand at Beginning of Reporting Period.....	82051.98	
(c) Total Receipts (from Line 19)	23777.01	43432.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105828.99	112972.79
7. Total Disbursements (from Line 31).....	15657.80	22801.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	90171.19	90171.19
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 Physician Assistants Political Action Committee (PA PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4450.00	4750.00
(ii) Unitemized	19327.01	38682.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23777.01	43432.51
(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)	23777.01	43432.51
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	0.00
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))..... ▶	23777.01	43432.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23777.01	43432.51

DETAILED SUMMARY PAGE

of Disbursements

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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	657.80	801.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	657.80	801.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	22000.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15657.80	22801.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15657.80	22801.60

DETAILED SUMMARY PAGE
of Disbursements

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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)	23777.01	43432.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23777.01	43432.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	657.80	801.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	657.80	801.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial) A. Justin Anzalone			Date of Receipt
Mailing Address 804 Colonial Dr			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C2744657
Lafayette	LA	70506-2406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="225.00"/>
Name of Employer	Occupation		
Surgical Specialist of Lafayette	Physician Assistant		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John F. Byrnes PA-C			Date of Receipt
Mailing Address 4215 Edgewater Dr			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C2744421
Orlando	FL	32804-2206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="300.00"/>
Name of Employer	Occupation		
Southeastern Clinical Services	Physician Assistant		
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) C. Thomas M. Dale PA-C			Date of Receipt
Mailing Address 607 Old Steese Hwy Ste B			<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C2721476
Fairbanks	AK	99701-3163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Fairbanks Memorial Hospital	Emergency Medicine		
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1025.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Michael Clyde Doll
Full Name (Last, First, Middle Initial)

Mailing Address 127 Vyta Rd

City Berwick State PA Zip Code 18603-5621

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

Name of Employer Geisinger Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : C2744430

Amount of Each Receipt this Period
100.00

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

Mailing Address 2318 Mill Road Suite 1300

City Alexandria State VA Zip Code 22314

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

Name of Employer AAPA Occupation CEO

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
05 / 14 / 2014

Transaction ID : C2742338

Amount of Each Receipt this Period
500.00

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

Mailing Address 3335 Dent PI NW

City Washington State DC Zip Code 20007-2713

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

Name of Employer AAPA Occupation Staff member

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
05 / 23 / 2014

Transaction ID : C2742172

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **800.00**

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:	PAGE 8 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial) A. Ed Friedmann		Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2014 Transaction ID : C2744419
Mailing Address 1013 1st St		Amount of Each Receipt this Period 1000.00
City Redfield	State IA	Zip Code 50233-1007
FEC ID number of contributing federal political committee. C		
Name of Employer Redfield Medical Center	Occupation Physician Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lawrence M. Herman MPA, RPA-C		Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2014 Transaction ID : C2744427
Mailing Address 853 Park Ave		Amount of Each Receipt this Period 500.00
City Huntington	State NY	Zip Code 11743-4542
FEC ID number of contributing federal political committee. C		
Name of Employer New York Institute of Technology	Occupation Physician Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Alan Hull PA-C		Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2014 Transaction ID : C2744820
Mailing Address 120 Pheasant Hill Dr		Amount of Each Receipt this Period 525.00
City Portland	State ME	Zip Code 04103-2783
FEC ID number of contributing federal political committee. C		
Name of Employer Maine Spine & Rehabilitation	Occupation Physical Med Rehab.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
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 16
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Marvin T. Racowsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 2146 E Lynwood St
 City Mesa State AZ Zip Code 85213-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer emergency care resource,inc Occupation phys. assist - cert
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 04 / 24 / 2014
Transaction ID : C2721427
 Amount of Each Receipt this Period
 250.00

B. Travis Paul Sherer
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Jane St Apt 1E
 City New York State NY Zip Code 10014-5160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lenox Hill Hospital Occupation PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 225.00

Date of Receipt
 05 / 29 / 2014
Transaction ID : C2744396
 Amount of Each Receipt this Period
 100.00

C. Greg P. Thomas PA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1063 Pinellas Bayway S
 City Tierra Verde State FL Zip Code 33715-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gregdan Partners, LLC Occupation Physician Assistant/Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 05 / 29 / 2014
Transaction ID : C2744632
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....	500.00
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: PAGE 10 OF 16
(check only one)

<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 Physician Assistants Political Action Committee (PA PAC)

A. JP Thompson PA-C
Full Name (Last, First, Middle Initial)
Mailing Address 28821 Chardon Rd
City Willoughby Hills State OH Zip Code 44092-2613
FEC ID number of contributing federal political committee. **C**
Name of Employer Cleveland Clinic Foundation Occupation Surg: Vascular
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2014
Transaction ID : C2744663
Amount of Each Receipt this Period 100.00

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

Date of Receipt
Amount of Each Receipt this Period

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	4450.00

**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 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement Merchant/Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : D159754

Amount of Each Disbursement this Period

77.24

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement Merchant/Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : D159755

Amount of Each Disbursement this Period

124.78

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement Merchant/Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : D159756

Amount of Each Disbursement this Period

455.78

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

657.80

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

657.80

**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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

Rep. Joe Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	4

Transaction ID : D159745

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. LEE TERRY FOR CONGRESS

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

Rep. Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	4

Transaction ID : D159741

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. LEE TERRY FOR CONGRESS

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

Rep. Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

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

Transaction ID : D159750

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Mailing Address PO BOX 99567

Transaction ID : D159739

City State Zip Code
RALEIGH NC 27624

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidates

Category/ Type

Candidate Name

Rep. Renee Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. DUCKWORTH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Mailing Address P.O. BOX 59568

Transaction ID : D159747

City State Zip Code
SCHAUMBURG IL 60159

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidates

Category/ Type

Candidate Name

Rep. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Full Name (Last, First, Middle Initial)

C. ALEXANDER FOR SENATE 2014 INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Mailing Address 228 S WASHINGTON STREET SUITE 115

Transaction ID : D159752

City State Zip Code
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidates

Category/ Type

Candidate Name

Sen. Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

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

3000.00

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 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. ALASKANS FOR BEGICH 2014

Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

Sen. Mark Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : D159746

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

Sen. Mark Warner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	4

Transaction ID : D159743

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

Sen. Michael B. Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

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

Transaction ID : D159753

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name
Sen. Ron Wyden

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 00

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : D159740

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name
Sen. Susan Collins

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: ME District: 00

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2014

Transaction ID : D159742

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name
Sen. Tim Scott

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 00

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : D159748

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

15000.00