

**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..... | 449023.26 | |
| (c) Total Receipts (from Line 19) | 43478.86 | 254426.34 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 492502.12 | 663219.94 |
| 7. Total Disbursements (from Line 31)..... | 62733.20 | 233451.02 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 429768.92 | 429768.92 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: / / 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)..... | 29986.16 | 168487.30 |
| (ii) Unitemized | 12653.11 | 74956.56 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 42639.27 | 243443.86 |
| (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) | 42639.27 | 243443.86 |
| 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)..... | 839.59 | 3482.48 |
| 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))..... ▶ | 43478.86 | 254426.34 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 43478.86 | 254426.34 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1033.20 | 3701.02 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1033.20 | 3701.02 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 61700.00 | 229700.00 |
| 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 | 50.00 |
| (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 | 50.00 |
| 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)) .. | 62733.20 | 233451.02 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 62733.20 | 233451.02 |

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) | 42639.27 | 243443.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 50.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 42639.27 | 243393.86 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1033.20 | 3701.02 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 839.59 | 3482.48 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 193.61 | 218.54 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amended June 20 2014 report - amended to capture changes reported in second amendment to August 20 2013 report and bank charges inadvertently left off original June 20 filing

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Adanna Juliet Amechi-Obigwe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 514 11th Ave S
 City State Zip Code
 Saint James MN 56081-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 05 / 07 / 2014
Transaction ID : C2727508
 Amount of Each Receipt this Period
 365.00

B. Kathleen Mary Ankers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 295
 City State Zip Code
 Andover MA 01810-0005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Air Force - Veterans Health Affairs 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
 05 / 07 / 2014
Transaction ID : C2726827
 Amount of Each Receipt this Period
 500.00

C. Jennifer Bacani McKenney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1222 Parkview Street
 City State Zip Code
 Fredonia KS 66736-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 05 / 07 / 2014
Transaction ID : C2727506
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ► 1230.00
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 8 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Craig S Banta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 W Fern Ave
 City Redlands State CA Zip Code 92373-5916
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2742943
 Amount of Each Receipt this Period
 300.00

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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : C2742139
 Amount of Each Receipt this Period
 42.00

C. Joane Goforth Baumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Houston St Apt 701
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : C2754610
 Amount of Each Receipt this Period
 105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 447.00
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 48 |
| | <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. Timothy Michael Beittel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Wildwood Rd
 City Aberdeen State NC Zip Code 28315-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph of the Pines Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 07 / 2014**
Transaction ID : C2726807
 Amount of Each Receipt this Period **365.00**

B. Reid B Blackwelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4407 Leedy Rd
 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: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2731091
 Amount of Each Receipt this Period **100.00**

C. Ronald S Bliss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 Teton Cir
 City Farmington State NM Zip Code 87401-8603
 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 **05 / 07 / 2014**
Transaction ID : C2728321
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **715.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 48 |
| | <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. Emily D Briggs MD
Full Name (Last, First, Middle Initial)

Mailing Address 712 N Houston Ave Ste B

| | | |
|-----------------------|-------------|------------------------|
| City New Braunfels | State TX | Zip Code 78130-4132 |
|-----------------------|-------------|------------------------|

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

| | |
|----------------------------------------------|------------------------|
| Name of Employer Christus Santa Rosa FMRP | Occupation Resident |
|----------------------------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 19 | / | 2014 |

Transaction ID : C2739172

Amount of Each Receipt this Period

| |
|--------|
| 365.00 |
|--------|

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 ▼ **500.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 30 | / | 2014 |

Transaction ID : C2744910

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

C. Yushu Jack Chou MD
Full Name (Last, First, Middle Initial)

Mailing Address 2691 E California Blvd

| | | |
|--------------------|-------------|------------------------|
| City San Marino | State CA | Zip Code 91108-1404 |
|--------------------|-------------|------------------------|

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

| | |
|------------------------------------------------------------|-------------------------|
| Name of Employer Southern California Permanente Medical | Occupation Physician |
|------------------------------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 06 | / | 2014 |

Transaction ID : C2727425

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1465.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 11 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Lisa Leigh Corum MD

Mailing Address 11501 Redwood Way

City State Zip Code
 Louisville KY 40223-2362

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

Name of Employer Occupation
 Floyd Memorial Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 05 / 06 / 2014
Transaction ID : C2727445

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Loy Dekle Cowart III

Mailing Address 121 Tillman Rd
 Unit 403

City State Zip Code
 Statesboro GA 30458-0304

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 465.00

Date of Receipt
 05 / 07 / 2014
Transaction ID : C2728766

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
C. Steven A Crawford MD

Mailing Address 900 NE 10th St

City State Zip Code
 Oklahoma City OK 73104-5420

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

Name of Employer Occupation
 University of Oklahoma Physician Faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2083.30

Date of Receipt
 05 / 23 / 2014
Transaction ID : C2742141

Amount of Each Receipt this Period
 416.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 1146.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 48 |
| | <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. Robert A. Cushman MD
Full Name (Last, First, Middle Initial)
Mailing Address 99 Woodland St
City Hartford State CT Zip Code 06105-1207
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 **370.00**

Date of Receipt **05 / 08 / 2014**
Transaction ID : C2729466
Amount of Each Receipt this Period **370.00**

B. Alice Fairman Daniels
Full Name (Last, First, Middle Initial)
Mailing Address 1135 W 69Th St
City Chicago State IL Zip Code 60621-1147
FEC ID number of contributing federal political committee. **C**
Name of Employer Cook County Bureau of Health Hospital Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 07 / 2014**
Transaction ID : C2726829
Amount of Each Receipt this Period **250.00**

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 **1750.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : C2742827
Amount of Each Receipt this Period **350.00**

SUBTOTAL of Receipts This Page (optional)..... **970.00**
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 48 |
| | <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. Lynn R Fisher
Full Name (Last, First, Middle Initial)
Mailing Address 3103 Thunderbird Dr
City Hays State KS Zip Code 67601-1423
FEC ID number of contributing federal political committee. **C**
Name of Employer Lifeline Family Medicine Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 06 / 2014**
Transaction ID : C2727441
Amount of Each Receipt this Period **365.00**

B. Leslie A Foote MD
Full Name (Last, First, Middle Initial)
Mailing Address 16103 Meridian Rd
City Salinas State CA Zip Code 93907-9140
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Family Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 19 / 2014**
Transaction ID : C2740142
Amount of Each Receipt this Period **500.00**

C. Jennifer Emma Frank MD
Full Name (Last, First, Middle Initial)
Mailing Address 1380 Lusitana St Ste 904
City Honolulu State HI Zip Code 96813-2448
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 **365.00**

Date of Receipt **05 / 08 / 2014**
Transaction ID : C2729472
Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **1230.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 48 |
| | <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 |
|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. S Gay Freeman MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 94 Morton Rd | | Transaction ID : C2728301 |
| City South Chatham | State MA | Zip Code 02659-1303 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 1600.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. James Spencer Gainey | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 338 Merrivale Ln | | Transaction ID : C2727415 |
| City Spartanburg | State SC | Zip Code 29301-5363 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Medical Group of the Carolinas | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Ophelia Eugenia Garmon-Brown | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2014 |
| Mailing Address 1918 Randolph Rd | | Transaction ID : C2743702 |
| City Charlotte | State NC | Zip Code 28207-1100 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1230.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 48 |
| | <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. Carolyn N Gaughan CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address E Dir KS AFP Bldg 1046 - C
 7570 W 21st St N 1046C
 City Wichita State KS Zip Code 67205-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Academy of Family Physicians Occupation Chapter Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2727507
 Amount of Each Receipt this Period
365.00

B. Christopher H Gaynor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6250 1st Ave NW
 City Seattle State WA Zip Code 98107-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Qliance Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2727449
 Amount of Each Receipt this Period
365.00

c. Roland Adolph Goertz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Providence Dr
 City Waco State TX Zip Code 76707-2261
 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : C2729493
 Amount of Each Receipt this Period
1000.00

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1730.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 48 |
| | <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. Randall Lee Goldfish MD
Full Name (Last, First, Middle Initial)

Mailing Address 1109 Q St

City Ord State NE Zip Code 68862-1828

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 ▼ 365.00

Date of Receipt
05 / 28 / 2014
Transaction ID : C2743701

Amount of Each Receipt this Period
365.00

B. Carlos R Gonzales MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40

City Patagonia State AZ Zip Code 85624-0040

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

Name of Employer University of Arizona
Occupation Associate Professor Family Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
05 / 05 / 2014
Transaction ID : C2727463

Amount of Each Receipt this Period
365.00

C. Ravi P Grivois-Shah MD
Full Name (Last, First, Middle Initial)

Mailing Address 522 N Euclid Ave

City Oak Park State IL Zip Code 60302-1618

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

Name of Employer Cook County HHS
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 06 / 2014
Transaction ID : C2727421

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00

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 17 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Hal Louis Grotke Grotke
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 Lincoln Ave
 City Samoa State CA Zip Code 95564-9521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Redwood Family Practice Occupation Medical Director
 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
 05 / 17 / 2014
Transaction ID : C2738781
 Amount of Each Receipt this Period
 365.00

B. Richard Lee Hayes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Braden St
 City Jacksonville State AR Zip Code 72076-3719
 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
 05 / 19 / 2014
Transaction ID : C2739174
 Amount of Each Receipt this Period
 400.00

C. Daniel J Heinemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W 18th St
 City Sioux Falls State SD Zip Code 57105-0401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sioux Valley Health Systems Occupation 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
 05 / 06 / 2014
Transaction ID : C2726785
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 965.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 48 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Beulette Y Hooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7286 E Wynfield Loop
 City Midland State GA Zip Code 31820-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2727413
 Amount of Each Receipt this Period
365.00

B. Richard R Horecka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 Wisconsin Ave
 City Benson State MN Zip Code 56215-1653
 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 / D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2726831
 Amount of Each Receipt this Period
365.00

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : C2736349
 Amount of Each Receipt this Period
50.00

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 780.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 48 |
| | <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. 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 ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 25 / 2014

Transaction ID : C2742260

Amount of Each Receipt this Period
55.00

B. Everett Erland Koehn DO
Full Name (Last, First, Middle Initial)

Mailing Address 101 NW Englewood Rd

City Gladstone State MO Zip Code 64118-4054

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 ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : C2743550

Amount of Each Receipt this Period
400.00

C. Kimberly T Krohn MD
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Brookside Dr

City Minot State ND Zip Code 58701-6822

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 ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : C2731596

Amount of Each Receipt this Period
400.00

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 855.00 |
| 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 20 OF 48 |
| | <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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Bruce M LeClair MD | | | Date of Receipt MM / DD / YYYY 05 / 07 / 2014 |
| Mailing Address 5088 Windmill Lake Dr | | | Transaction ID : C2727505 |
| City Evans | State GA | Zip Code 30809-6612 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Physician | | |
| 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) B. John Lentini DO | | | Date of Receipt MM / DD / YYYY 05 / 19 / 2014 |
| Mailing Address 382 Grove St | | | Transaction ID : C2740170 |
| City Braintree | State MA | Zip Code 02184-7324 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Physician | | |
| 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) C. Lynne Marie B Lillie MD | | | Date of Receipt MM / DD / YYYY 05 / 07 / 2014 |
| Mailing Address 4446 Jack Pine Trl N | | | Transaction ID : C2727500 |
| City Lake Elmo | State MN | Zip Code 55042-9522 | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 414.00 | | |

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 48 |
| | <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

| | | |
|-----------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Janice E Luth MD | | Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : C2731600 |
| Mailing Address 4830 Rucker Rd | | Amount of Each Receipt this Period 600.00 |
| City Moneta | State VA | |
| Zip Code 24121-5281 | | Aggregate Year-to-Date ▼ 600.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Physician | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|-----------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Glenn Manuel Madrid MD | | Date of Receipt MM / DD / YYYY 05 / 06 / 2014 Transaction ID : C2727437 |
| Mailing Address PO BOX 10700 | | Amount of Each Receipt this Period 365.00 |
| City Grand Junction | State CO | |
| Zip Code 81502-5517 | | Aggregate Year-to-Date ▼ 365.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Primary Care Partners Inc. | Occupation Physician | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Jeffrey F Markuns MD | | Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : C2728062 |
| Mailing Address 325 Ipswich Rd | | Amount of Each Receipt this Period 500.00 |
| City Boxford | State MA | |
| Zip Code 01921-1505 | | Aggregate Year-to-Date ▼ 500.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Physician | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1465.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 22 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 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
 05 / 14 / 2014
Transaction ID : C2731090
 Amount of Each Receipt this Period
 50.00

B. Janet S Meckley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2612 Test Rd
 City Richmond State IN Zip Code 47374-4955
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2743875
 Amount of Each Receipt this Period
 365.00

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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2726806
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 48 |
| | <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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. John S Meigs MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2014 |
| Mailing Address PO Box 289 100 Serendipity Dr | | Transaction ID : C2739166 |
| City Brent | State AL | Zip Code 35034-0289 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| 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 ▼ 475.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Katherine Merrill MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 35798 Dow Ln | | Transaction ID : C2728296 |
| City Astoria | State OR | Zip Code 97103-8110 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Anne M Montgomery MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2014 |
| Mailing Address 44818 Oro Grande Cir | | Transaction ID : C2742309 |
| City Indian Wells | State CA | Zip Code 92210-7411 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Eisenhower Medical Associates | Occupation Family Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2300.00 |
| 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 24 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City Missouri City State TX Zip Code 77459-3268

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

Name of Employer Retired Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 458.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : C2729943

Amount of Each Receipt this Period
 91.66

Full Name (Last, First, Middle Initial)
B. Delbert D Morris MD

Mailing Address PO Box 3271

City Modesto State CA Zip Code 95353-3271

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

Name of Employer Scenic Family Medical Group 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
 05 / 06 / 2014

Transaction ID : C2727438

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Brian Keith Nadolne MD

Mailing Address 3310 Monceau Way

City Roswell State GA Zip Code 30075-3120

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 ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : C2727504

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **956.66**

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

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

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

FOR LINE NUMBER: PAGE 25 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Javette C Orgain MD

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : C2742241

Amount of Each Receipt this Period
 187.50

Full Name (Last, First, Middle Initial)
B. Larry Pheifer

Mailing Address 210 Green Bay Rd

City State Zip Code
 Thiensville WI 53092-1616

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

Name of Employer Occupation
 Self Employed 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
 05 / 07 / 2014
Transaction ID : C2727502

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
C. Kami S Phillips MD

Mailing Address 25 Fieldstone Dr

City State Zip Code
 Gardner MA 01440-1283

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

Name of Employer Occupation
 Heywood Medical Group 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
 05 / 06 / 2014
Transaction ID : C2727440

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **917.50**

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 48 |
| | <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. Barbara Woodrow Potyk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 River Ridge Dr
 City Dayton State ME Zip Code 04005-7604
 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
05 / 07 / 2014
Transaction ID : C2727501
 Amount of Each Receipt this Period
500.00

B. Robert F Raspa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2233 Salt Myrtle Ln
 City Fleming Island State FL Zip Code 32003-7077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014
Transaction ID : C2731597
 Amount of Each Receipt this Period
365.00

C. Srikar T Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 W Grand River Ave
 City Brighton State MI Zip Code 48116-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Brighton Family Physicians 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
05 / 15 / 2014
Transaction ID : C2732342
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **1230.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 48 |
| | <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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Elisabeth L Righter MD | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 28 / 2014 |
| Mailing Address 267 Park Dr | | Transaction ID : C2742826 |
| City Dayton | State OH | Zip Code 45410-1315 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| 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 ▼ 500.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Jean Marie Riquelme Riquelme | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2014 |
| Mailing Address 17055 Ruben Ln Suite 101 | | Transaction ID : C2732341 |
| City Sandy | State OR | Zip Code 97055-9276 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Community Health Care | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mark David Robinson MD | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 19 / 2014 |
| Mailing Address 812 Rothmoor Dr Ne | | Transaction ID : C2739551 |
| City Concord | State NC | Zip Code 28025-2582 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Carolinas Healthcare System | Occupation Family Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1465.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 48 |
| | <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 |
|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Paul David Salzberg MD | | Date of Receipt MM / DD / YYYY 05 / 19 / 2014 |
| Mailing Address PO BOX 898 | | Transaction ID : C2739163 |
| City Callicoon | State NY | Zip Code 12723-0898 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 365.00 | |
| Name of Employer Self-Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Kathleen M Santi MD | | Date of Receipt MM / DD / YYYY 05 / 07 / 2014 |
| Mailing Address 942 Tall Pine Dr | | Transaction ID : C2726825 |
| City Port Orange | State FL | Zip Code 32127-7702 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 300.00 | |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Vincent Vincent Savath Savath | | Date of Receipt MM / DD / YYYY 05 / 08 / 2014 |
| Mailing Address 1829 Foxtail Cir | | Transaction ID : C2729468 |
| City Altus | State OK | Zip Code 73521-4050 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 365.00 | |
| Name of Employer Self Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1030.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 48 |
| | <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. Christine C Schaller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Poplar Dr
 City Grangeville State ID Zip Code 83530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014
Transaction ID : C2726821
 Amount of Each Receipt this Period
365.00

B. Phillip C Scott DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 795 Sim Hodgins Pkwy
 City Richmond State IN Zip Code 47374-1928
 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 **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014
Transaction ID : C2729458
 Amount of Each Receipt this Period
365.00

C. George Wm Shannon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Slate Dr
 City Columbus State GA Zip Code 31906-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizons Diagnostics Occupation Family 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
05 / 30 / 2014
Transaction ID : C2744912
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **830.00**
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 30 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Suzannah Harding Spencer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 S 6Th Ave
 City State Zip Code
 Sioux Falls SD 57105-5024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Family Medicine 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
 05 / 07 / 2014
Transaction ID : C2726832
 Amount of Each Receipt this Period
 365.00

B. Diane Marie Steere MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 N Carriage Pkwy
 City State Zip Code
 Wichita KS 67208-4508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 05 / 06 / 2014
Transaction ID : C2727442
 Amount of Each Receipt this Period
 365.00

C. Linda Gonzales Stogner Stogner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 807
 City State Zip Code
 Estancia NM 87016-0807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pres. Medical Services 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
 05 / 05 / 2014
Transaction ID : C2727468
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1095.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 48 |
| | <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. 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 **750.00**

Date of Receipt **05 / 30 / 2014**
Transaction ID : C2744911
 Amount of Each Receipt this Period **250.00**

B. Iris Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Whalon St
 155 Franklin Rd
 City Fitchburg State MA Zip Code 01420-7138
 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 **365.00**

Date of Receipt **05 / 07 / 2014**
Transaction ID : C2726824
 Amount of Each Receipt this Period **365.00**

C. Erica Williams Swegler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N Rufe Snow Dr
 City Keller State TX Zip Code 76248-4235
 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 **416.70**

Date of Receipt **05 / 20 / 2014**
Transaction ID : C2747987
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **698.34**
TOTAL This Period (last page this line number only).....

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 48 |
| | <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. Nancy C Swikert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8780 US Highway 42
 City Florence State KY Zip Code 41042-6936
 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 **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2727419
 Amount of Each Receipt this Period
365.00

B. 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 **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : C2742281
 Amount of Each Receipt this Period
25.00

C. Kimberly L Tjaden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 Riverside Ave N
 City Sartell State MN Zip Code 56377-2348
 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
 05 / 19 / 2014
Transaction ID : C2739182
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **890.00**
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 34 OF 48
(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 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. Julie Kristin Wood MD
Full Name (Last, First, Middle Initial)
Mailing Address 5305 NE Rainbow Cir
City Lees Summit State MO Zip Code 64064-2450
FEC ID number of contributing federal political committee. **C**
Name of Employer American Academy of Family Physicians Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2014
Transaction ID : C2727450
Amount of Each Receipt this Period
500.00

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

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 29986.16 |

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

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

FOR LINE NUMBER: PAGE 35 OF 48
(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. Full Name (Last, First, Middle Initial)
American Academy of Family Physicians

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 ▼
3482.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : C2730347

Amount of Each Receipt this Period
839.59

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

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

Amount of Each Receipt this Period

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 839.59 |
| TOTAL This Period (last page this line number only).....▶ | 839.59 |

**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 |

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

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
05 / 02 / 2014

Transaction ID : D158065

Amount of Each Disbursement this Period

23.24

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
05 / 05 / 2014

Transaction ID : D158066

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
05 / 06 / 2014

Transaction ID : D158067

Amount of Each Disbursement this Period

3.25

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

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

29.74

**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 |

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

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
05 / 12 / 2014

Transaction ID : D159231

Amount of Each Disbursement this Period

118.79

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
05 / 12 / 2014

Transaction ID : D159232

Amount of Each Disbursement this Period

69.71

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
05 / 13 / 2014

Transaction ID : D159233

Amount of Each Disbursement this Period

3.97

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

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

192.47

**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 |

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

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
05 / 19 / 2014

Transaction ID : D159234

Amount of Each Disbursement this Period

28.11

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
05 / 23 / 2014

Transaction ID : D159235

Amount of Each Disbursement this Period

19.50

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
05 / 27 / 2014

Transaction ID : D159236

Amount of Each Disbursement this Period

1.37

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

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

48.98

**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 |

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

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
05 / 28 / 2014

Transaction ID : D159237

Amount of Each Disbursement this Period

6.09

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
05 / 29 / 2014

Transaction ID : D159238

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

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
05 / 02 / 2014

Transaction ID : D158064

Amount of Each Disbursement this Period

747.97

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

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

762.01

1033.20

**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 |

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

Full Name (Last, First, Middle Initial)

A. Ed Lindsey for Congress, Inc.

Mailing Address 2800 Spring Rd SE
Ste D

City Atlanta State GA Zip Code 30339-3092

Purpose of Disbursement
Campaign contribution

Candidate Name

Edward Lindsey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D158044

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. MARK DESAULNIER FOR CONGRESS

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement
Campaign contribution

Candidate Name

Hon Mark DeSaulnier

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : D158509

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Alan Lowenthal

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158287

Amount of Each Disbursement this Period

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

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 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 |

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

Full Name (Last, First, Middle Initial)

A. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Denny Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158300

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Diana DeGette

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158307

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. CONNOLLY FOR CONGRESS

Mailing Address 3706 PRADO PLACE

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Gerald E. Connolly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158288

Amount of Each Disbursement this Period

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

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 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 |

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

Full Name (Last, First, Middle Initial)

A. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City State Zip Code
SAN RAFAEL CA 94915

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jared Huffman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158290

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City State Zip Code
Minden LA 71058-1236

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Fleming

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D158038

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City State Zip Code
Overland Park KS 66225

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin Yoder

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158308

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

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

| | | | | | |
|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 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 |

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

Full Name (Last, First, Middle Initial)

A. LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address 6 E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Lucille Roybal-Allard

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : D158036

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City CARSON CITY State NV Zip Code 89703

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mark Amodei

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : D158289

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : D158285

Amount of Each Disbursement this Period

2500.00

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

6000.00

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 |

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

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Nancy Pelosi

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158508

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : D158291

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul Tonko

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158506

Amount of Each Disbursement this Period

1500.00

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

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

5200.00

**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 |

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

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul Tonko

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | / | 28 | / | 2014 |

Transaction ID : D158507

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Rodney Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | / | 14 | / | 2014 |

Transaction ID : D158286

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Rosa DeLauro

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | / | 05 | / | 2014 |

Transaction ID : D158040

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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 |

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF FARR

Mailing Address PO BOX 122

City State Zip Code
MONTEREY CA 93942

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Sam Farr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D158041

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City State Zip Code
WASHINGTON DC 20024

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : D158510

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D158045

Amount of Each Disbursement this Period

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

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 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 |

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

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City State Zip Code
ROLLING MEADOWS IL 60008

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D158039

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. REED COMMITTEE

Mailing Address PO BOX 8628

City State Zip Code
CRANSTON RI 02920

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Jack Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : D158295

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City State Zip Code
GREENSBORO NC 27429

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Kay R. Hagan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : D158037

Amount of Each Disbursement this Period

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

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 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 |

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

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : D158034

Amount of Each Disbursement this Period

1000.00

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
Campaign contribution

Candidate Name

Sen. Mark Warner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : D158033

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Campaign contribution

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
05 / 05 / 2014

Transaction ID : D158035

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

61700.00