

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) 1133 Connecticut Avenue, NW
Suite 1100
Washington DC 20036
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Taylor, Hugh, M, , MD
Type or Print Name of Treasurer

Signature of Treasurer Taylor, Hugh, M, , MD [Electronically Filed] Date 10 / 04 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		417217.01
(b) Cash on Hand at Beginning of Reporting Period.....	347837.14	
(c) Total Receipts (from Line 19)	15659.16	299767.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	363496.30	716984.16
7. Total Disbursements (from Line 31).....	10465.35	363953.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	353030.95	353030.95
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: 08 / 01 / 2016 To: 08 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9377.49	206343.52
(ii) Unitemized	5883.61	87675.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15261.10	294018.67
(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)	15261.10	294018.67
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).....	398.06	5748.48
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	15659.16	299767.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15659.16	299767.15

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	465.35	6406.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	465.35	6406.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	355000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	2546.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2546.25
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	10465.35	363953.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10465.35	363953.21

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15261.10	294018.67
34. Total Contribution Refunds (from Line 28(d))	0.00	2546.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15261.10	291472.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	465.35	6406.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	398.06	5748.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	67.29	658.48

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

Form/Schedule: F3XA
Transaction ID :

Amended to capture offset to operating expenditure payment inadvertently left off original report

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: (check only one)	PAGE 7 OF 32
	<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. Albers, Janet, R, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 Woodbridge Rd
 City Springfield State IL Zip Code 62711-5666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2016
Transaction ID : C3367332
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Aldstadt, James, Douglas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4202 Southridge Ct
 City Englewood State OH Zip Code 45322-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2016
Transaction ID : C3378157
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Blackwelder, Reid, B, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ETSU Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 15 / 2016
Transaction ID : C3371671
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Blair, Mott, Parks, , MD, FAFAP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 E Westbrook St

City Wallace	State NC	Zip Code 28466-1514
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : C3375756

Amount of Each Receipt this Period
112.00

Memo Item

B. Botsford, Lindsay, Kathryn, , MD, MBA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14023 Southwest Fwy

City Sugar Land	State TX	Zip Code 77478-3550
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Memorial Hermann Hospital System	Occupation (for Individual) Family Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2016

Transaction ID : C3365391

Amount of Each Receipt this Period
31.00

Memo Item

C. Boxer, Garry, Stuart, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Mayflower Pkwy

City Westport	State CT	Zip Code 06880-6014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
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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
08		29		2016

Transaction ID : C3378264

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	508.00
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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bredin, June, G, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4924 153Rd PI Sw

City Edmonds	State WA	Zip Code 98026-4435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sate of Washington DSHS	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 05 / 2016
Transaction ID : C3365294

Amount of Each Receipt this Period
400.00

Memo Item

B. Campagnolo, Mary, F, , MD, MBA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3242 Route 206
Bldg A Ste A2

City Bordentown	State NJ	Zip Code 08505-4517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virtua Medical Group	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.01

Date of Receipt
08 / 04 / 2016
Transaction ID : C3365202

Amount of Each Receipt this Period
166.67

Memo Item

C. Campbell, Avril, Marie, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Shadow Moss Dr

City Beaufort	State SC	Zip Code 29906-6005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt
08 / 26 / 2016
Transaction ID : C3378147

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	931.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cook, Jonathan, Mitchell, , DO, FAFPF
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 Chesterfield Rd

City Bogart	State GA	Zip Code 30622-6817
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : C3375757

Amount of Each Receipt this Period
40.55

Memo Item

B. Crawford, Steven, A, , MD, FAFPF
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Ne 10Th St

City Oklahoma City	State OK	Zip Code 73104-5420
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Oklahoma	Occupation (for Individual) Family Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : C3375758

Amount of Each Receipt this Period
416.66

Memo Item

C. Daniels, Elvan, Catherine, , MD, MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4820 Regency Trce SW

City Atlanta	State GA	Zip Code 30331-6844
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Cancer Society	Occupation (for Individual) Family Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
277.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : C3375759

Amount of Each Receipt this Period
55.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....	512.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Felger, Thomas, Allen, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51181 Kings Xing
 City Granger State IN Zip Code 46530-8812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 05 / 2016
Transaction ID : C3365288
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Filer, Wanda, D, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Strategic Health Institute Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 08 / 15 / 2016
Transaction ID : C3377469
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Gobbo, Robert, William, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 12Th St
 City Hood River State OR Zip Code 97031-1587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 26 / 2016
Transaction ID : C3378165
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gruenbacher, Douglas, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 510

City Quinter	State KS	Zip Code 67752-0510
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bluestem Medical, LLP	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2016

Transaction ID : C3376723

Amount of Each Receipt this Period
 85.00

Memo Item

B. Harley, Douglas, W, , DO, FACOFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Akron General Ave

City Akron	State OH	Zip Code 44307-2432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Akron General Medical Center	Occupation (for Individual) Family Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2016

Transaction ID : C3378232

Amount of Each Receipt this Period
 45.00

Memo Item

C. Heinemann, Daniel, J, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5039

City Sioux Falls	State SD	Zip Code 57117-5039
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2016

Transaction ID : C3365373

Amount of Each Receipt this Period
 209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	339.00
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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Heinemann, Daniel, J, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5039

City Sioux Falls	State SD	Zip Code 57117-5039
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2016
Transaction ID : C3365385

Amount of Each Receipt this Period
 209.00

Memo Item

B. Kearns, Kathleen, Shannon, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Cole Ave

City Turlock	State CA	Zip Code 95382-0846
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : C3375760

Amount of Each Receipt this Period
 40.55

Memo Item

C. Lichtenberg, Katherine, R, , DO, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Nirk Ave

City Kirkwood	State MO	Zip Code 63122-5626
------------------	-------------	------------------------

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

Name of Employer (for Individual) Anthem	Occupation (for Individual) 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
 08 / 05 / 2016
Transaction ID : C3365270

Amount of Each Receipt this Period
 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.55
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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lutzkanin III, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Kestrel Ct
 City Hummelstown State PA Zip Code 17036-8840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reading Hosp Reading Hlth Sys Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.80

Date of Receipt 08 / 19 / 2016
Transaction ID : C3375761
 Amount of Each Receipt this Period 40.56
 Memo Item

B. Martin, Kevin, B, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 E Hobert Ave
 City Ellensburg State WA Zip Code 98926-3833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kittitas Valley Healthcare Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 07 / 2016
Transaction ID : C3365386
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Meigs, John, S, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 289
 City Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 08 / 05 / 2016
Transaction ID : C3365284
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.56
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Meigs, John, S, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 289
 City Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 08 / 26 / 2016
Transaction ID : C3378158
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Metwally, Ashraf, Ahmed, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Little Clove Rd
 City Staten Island State NY Zip Code 10301-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2016
Transaction ID : C3378325
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Meyers, Brad, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 414
 City Jefferson State WI Zip Code 53549-0414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dean Clinic Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 146.75

Date of Receipt 08 / 30 / 2016
Transaction ID : C3379017
 Amount of Each Receipt this Period 31.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	606.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Miser, W., Fred, , MD, MA, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5379 Stockton Ct
 City Powell State OH Zip Code 43065-8602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 08 / 11 / 2016
Transaction ID : C3368384
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Monken, Sally, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1843 Sugarloaf Ave
 City Upland State CA Zip Code 91784-7441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 29 / 2016
Transaction ID : C3378302
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Montgomery, Anne, M, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39000 Bob Hope Dr
 City Rancho Mirage State CA Zip Code 92270-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eisenhower Medical Associates Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 08 / 06 / 2016
Transaction ID : C3365337
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Moquist, Dale, C, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Skyline
 City Horseshoe Bay State TX Zip Code 78657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.28

Date of Receipt 08 / 09 / 2016
Transaction ID : C3377487
 Amount of Each Receipt this Period 91.66
 Memo Item

B. Myers, Russell, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15769 Wc Main St
 City Midlothian State VA Zip Code 23113-7327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 24 / 2016
Transaction ID : C3377893
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Nguyen, Mary, Suzanne, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 960
 409 Madrid Street
 City Castroville State TX Zip Code 78009-0960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina Valley Family Practice Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 04 / 2016
Transaction ID : C3365241
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	506.66
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 18 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Olden, Carl, Raymond, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 S 72Nd Ave Ste 100

City Yakima	State WA	Zip Code 98908-1661
----------------	-------------	------------------------

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

Name of Employer (for Individual) Yakima Valley Memorial Hospital	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2016

Transaction ID : C3365392

Amount of Each Receipt this Period
100.00

Memo Item

B. Orgain, Javette, C, , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Po Box 806527

City Chicago	State IL	Zip Code 60680-4126
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Vitas Innovative Hospice	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2016

Transaction ID : C3364264

Amount of Each Receipt this Period
135.00

Memo Item

C. Padden, Maureen, O, , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 182126

City Coronado	State CA	Zip Code 92178-2126
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2016

Transaction ID : C3365203

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Righter, Elisabeth, L, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2261 Philadelphia Dr
 City Dayton State OH Zip Code 45406-1814
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 06 / 2016
Transaction ID : C3365338
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Sadri-Azarbayejani, Flora, F, , DO, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 S Mountain Rd
 City Northfield State MA Zip Code 01360-9684
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Clean Slate Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 08 / 12 / 2016
Transaction ID : C3370249
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sams, Sarah, L, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2994 Frazell Rd
 City Hilliard State OH Zip Code 43026-9785
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ohio Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 08 / 06 / 2016
Transaction ID : C3365339
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sokolowski, David, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 W 33rd St
 City Kearney State NE Zip Code 68845-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 29 / 2016**
Transaction ID : C3378303
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Steere, Diane, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 936 N Stratford Ln
 City Wichita State KS Zip Code 67206-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.75

Date of Receipt **08 / 19 / 2016**
Transaction ID : C3375762
 Amount of Each Receipt this Period 40.55
 Memo Item

C. Steiner, Elizabeth, Steiner Md, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 NW Skyline Blvd
 City Portland State OR Zip Code 97229-6809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OHSU Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 277.75

Date of Receipt **08 / 19 / 2016**
Transaction ID : C3375763
 Amount of Each Receipt this Period 55.55
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	596.10
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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stracener, Windel, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne County Health Department Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1627.33

Date of Receipt 08 / 04 / 2016
Transaction ID : C3365209
 Amount of Each Receipt this Period 218.19
 Memo Item

B. Stream, Glen, R, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45280 Seeley Dr
 City La Quinta State CA Zip Code 92253-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eisenhower Medical Associates Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 08 / 04 / 2016
Transaction ID : C3365210
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Swee, David, Ethan, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 Hoes Ln W # R-114
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 11 / 2016
Transaction ID : C3368385
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	568.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Swegler, Erica, Williams, , MD, FAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4104 Harcourt Dr
 City Austin State TX Zip Code 78727-5940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 652.00

Date of Receipt 08 / 16 / 2016
Transaction ID : C3372006
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Talati, Raja, , MD, MSC, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) HCA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 29 / 2016
Transaction ID : C3378269
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Temporal, Michael, P, , MD, FAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 Beartooth Cir
 City Laurel State MT Zip Code 59044-9665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 24 / 2016
Transaction ID : C3377521
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Thomas, Margaret, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Willow Brook Dr
 City Wayland State MA Zip Code 01778-5100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 08 / 29 / 2016
Transaction ID : C3378296
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Thompson, Cheryl, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 E Mercer St
 City Harrisville State PA Zip Code 16038-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 08 / 29 / 2016
Transaction ID : C3378332
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Van Winkle, Lloyd, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Madrid St Po Box 960
 City Castroville State TX Zip Code 78009-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina Valley Family Practice Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 08 / 04 / 2016
Transaction ID : C3365240
 Amount of Each Receipt this Period 50.00
 Memo Item

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 24 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Vetter, William, Howard, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 E Locust St
 City Emmett State ID Zip Code 83617-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Walter Knox Memorial Hospital Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 08 / 08 / 2016
Transaction ID : C3365744
 Amount of Each Receipt this Period 31.00
 Memo Item

B. Wang, Kevin, S, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158C 22nd Ave
 City Seattle State ID Zip Code WA 98122-6036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Swedish Medical Center Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 08 / 24 / 2016
Transaction ID : C3377522
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Wherry, Richard, Andre, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 Tipton Dr
 City Dahlonega State ID Zip Code GA 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Chestatee Regional Hospital Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 08 / 18 / 2016
Transaction ID : C3383280
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	381.00
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 25 OF 32
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yu, Kim, K, , MD, FAAFP

Mailing Address 26030 Island Lake Dr

City Novi	State MI	Zip Code 48374-2161
--------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2016

Transaction ID : C3372976

Amount of Each Receipt this Period
41.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.00
TOTAL This Period (last page this line number only).....	9377.49

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

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

FOR LINE NUMBER: PAGE 26 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5748.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2016

Transaction ID : C3388108

Amount of Each Receipt this Period
 398.06

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	398.06
TOTAL This Period (last page this line number only).....▶	398.06

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	6

FEC Identification Number

C

Transaction ID : D175250

Amount of Each Disbursement this Period

7	0	9
---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	6

FEC Identification Number

C

Transaction ID : D175251

Amount of Each Disbursement this Period

1	0	1
---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Transaction ID : D175353

Amount of Each Disbursement this Period

2	9	8
---	---	---

Memo Item

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

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

1	1	0	8
---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2016

FEC Identification Number

C []

Transaction ID : D175354

Amount of Each Disbursement this Period

[] 3.25

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2016

FEC Identification Number

C []

Transaction ID : D175355

Amount of Each Disbursement this Period

[] 14.63

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2016

FEC Identification Number

C []

Transaction ID : D175356

Amount of Each Disbursement this Period

[] 18.11

Memo Item

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

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

[] 35.99

[]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

C []

Transaction ID : D175357

Amount of Each Disbursement this Period

[] 9.46

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2016

FEC Identification Number

C []

Transaction ID : D175479

Amount of Each Disbursement this Period

[] 9.75

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2016

FEC Identification Number

C []

Transaction ID : D175480

Amount of Each Disbursement this Period

[] 7.95

Memo Item

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

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

[] 27.16

[]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

FEC Identification Number

C []

Transaction ID : D175481

Amount of Each Disbursement this Period

[] 31.36 []

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

FEC Identification Number

C []

Transaction ID : D175247

Amount of Each Disbursement this Period

[] 3.25 []

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	6

FEC Identification Number

C []

Transaction ID : D175248

Amount of Each Disbursement this Period

[] 4.39 []

Memo Item

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

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

[] 39.00 []

[] [] [] [] [] [] [] [] [] []

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
08 / 02 / 2016

FEC Identification Number

C
Transaction ID : D175249
Amount of Each Disbursement this Period
340.12

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank fee - returned item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2016

FEC Identification Number

C
Transaction ID : D175484
Amount of Each Disbursement this Period
12.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

352.12
465.35

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. KANSANS FOR MARSHALL

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530-1588

Purpose of Disbursement
Campaign contribution

Candidate Name

Marshall, Roger, , Dr.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 09 / 2016

FEC Identification Number

C H6KS01179

Transaction ID : D175226

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF RAJA FOR CONGRESS

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168-1202

Purpose of Disbursement
Campaign contribution

Candidate Name

Krishnamoorthi, Raja, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IL District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 09 / 2016

FEC Identification Number

C H6IL08147

Transaction ID : D175227

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C _____

Amount of Each Disbursement this Period

Memo Item

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

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

10000.00

10000.00