

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 C C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2016 through 07 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.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer Hugh M Taylor MD [Electronically Filed] Date 08 19 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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"/>		<input type="text" value="417217.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="351422.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14677.81"/>	<input type="text" value="284107.99"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="366100.20"/>	<input type="text" value="701325.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18263.06"/>	<input type="text" value="353487.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="347837.14"/>	<input type="text" value="347837.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: / / 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).....	11045.83	196966.03
(ii) Unitemized	2838.97	81791.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13884.80	278757.57
(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)	13884.80	278757.57
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).....	793.01	5350.42
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))..... ▶	14677.81	284107.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14677.81	284107.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	398.06	5941.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	398.06	5941.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	345000.00
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	365.00	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)).....	365.00	2546.25
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18263.06	353487.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18263.06	353487.86

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)	13884.80	278757.57
34. Total Contribution Refunds (from Line 28(d))	365.00	2546.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13519.80	276211.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	398.06	5941.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	793.01	5350.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-394.95	591.19

**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 6 OF 36
	<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. Janet R Albers MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 09 / 2016**
Transaction ID : C3348004
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Frederic Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Mark Cir
 City Holden State MA Zip Code 01520-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMMHC Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **301.00**

Date of Receipt **07 / 06 / 2016**
Transaction ID : C3345887
 Amount of Each Receipt this Period **43.00**
 Memo Item

c. Timothy Michael Beittel MD, CMD, C
 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 Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 14 / 2016**
Transaction ID : C3352110
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
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 7 OF 36
	<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. Reid B Blackwelder MD, FAAFP
 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 Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : C3353597
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Mott Parks Blair MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **448.00**

Date of Receipt **07 / 19 / 2016**
Transaction ID : C3356494
 Amount of Each Receipt this Period **112.00**
 Memo Item

C. Lindsay Kathryn Botsford MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 14023 Southwest Fwy
 City Sugar Land State TX Zip Code 77478-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Hospital System Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **217.00**

Date of Receipt **07 / 07 / 2016**
Transaction ID : C3346338
 Amount of Each Receipt this Period **31.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.00
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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John E Brandon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 390
 City Gordo State AL Zip Code 35466-0390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pickens County Family Practice Center Occupation Family Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 365.00

Date of Receipt 07 / 14 / 2016
Transaction ID : C3352108
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Mary F Campagnolo MD, MBA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 3242 Route 206 Bldg A Ste A2
 City Bordentown State NJ Zip Code 08505-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 333.34

Date of Receipt 07 / 04 / 2016
Transaction ID : C3345158
 Amount of Each Receipt this Period 166.67
 Memo Item

C. Steven A Crawford MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Ne 10Th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Family Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 2916.62

Date of Receipt 07 / 19 / 2016
Transaction ID : C3356496
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **948.33**
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 36
	<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. Elvan Catherine Daniels MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4820 Regency Trce SW
 City Atlanta State GA Zip Code 30331-6844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Cancer Society Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **222.20**

Date of Receipt **07 / 19 / 2016**
Transaction ID : C3356497
 Amount of Each Receipt this Period **55.55**
 Memo Item

B. Barbara J Doty MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6382 E Beechcraft Rd
 City Wasilla State AK Zip Code 99654-9367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Matanuska Health care Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 14 / 2016**
Transaction ID : C3352099
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Wanda D Filer MD, MBA, F
 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 **2450.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : C3364728
 Amount of Each Receipt this Period **350.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	770.55
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 10 OF 36
	<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. Lisa A Fleischer MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Weaver Ln
 City Kalispell State MT Zip Code 59901-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358538
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Brenda S Gardner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6326 Saint Denis St
 City Corpus Christi State TX Zip Code 78414-6103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358545
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Karen Marie Gilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 W Mississippi Ave
 City Chattanooga State TN Zip Code 37405-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358546
 Amount of Each Receipt this Period **365.00**
 Memo Item

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 11 OF 36
	<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. Douglas J Gruenbacher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 510
 City Quinter State KS Zip Code 67752-0510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bluestem Medical, LLP Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **07 / 20 / 2016**
Transaction ID : C3356773
 Amount of Each Receipt this Period **85.00**
 Memo Item

B. Michael Guerin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1722 Front St
 City Billings State MT Zip Code 59101-8949
 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 **365.00**

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358536
 Amount of Each Receipt this Period **365.00**
 Memo Item

c. Douglas W Harley DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Akron General Ave
 City Akron State OH Zip Code 44307-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron General Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **07 / 28 / 2016**
Transaction ID : C3360543
 Amount of Each Receipt this Period **45.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	495.00
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 36
	<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. Philip A Hess MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 160070
 City State Zip Code
 Big Sky MT 59716-0070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self 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
 07 / 25 / 2016
Transaction ID : C3358540
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Richard A Kucera MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Mentor Ave Ste 100
 City State Zip Code
 Mentor OH 44060-8702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lake Hospital System Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2016
Transaction ID : C3352104
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Hikmat A Maaliki MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 6th Ave SW
 City State Zip Code
 Ronan MT 59864-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self 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
 07 / 25 / 2016
Transaction ID : C3358537
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	930.00
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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carmen Marrero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 488 Carr 845
 City San Juan State PR Zip Code 00926-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Family Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : C3344875
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Kevin B Martin MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Information Requested Occupation Family Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2016
Transaction ID : C3346339
 Amount of Each Receipt this Period
 50.00
 Memo Item

c. John S Meigs MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Information Requested Occupation Family Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : C3344883
 Amount of Each Receipt this Period
 25.00
 Memo Item

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 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John S Meigs MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 City State Zip Code
 Brent AL 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2016
Transaction ID : C3352111
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. John S Meigs MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 City State Zip Code
 Brent AL 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2016
Transaction ID : C3356790
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Brad Meyers MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 414
 City State Zip Code
 Jefferson WI 53549-0414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dean Clinic Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 115.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2016
Transaction ID : C3362372
 Amount of Each Receipt this Period
 31.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	106.00
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 36
<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. W. Fred Miser MD, MA, FA
 Full Name (Last, First, Middle Initial)
 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 The Ohio State University Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 11 / 2016**
Transaction ID : C3348318
 Amount of Each Receipt this Period **35.00**
 Memo Item

B. Anne M Montgomery MD, MBA, F
 Full Name (Last, First, Middle Initial)
 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 Eisenhower Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 06 / 2016**
Transaction ID : C3345891
 Amount of Each Receipt this Period **250.00**
 Memo Item

c. Dale C Moquist MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Skyline
 City Horseshoe Bay State TX Zip Code 78657
 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 **641.62**

Date of Receipt **07 / 09 / 2016**
Transaction ID : C3364729
 Amount of Each Receipt this Period **91.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.66
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 16 OF 36
	<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"/>	<input type="checkbox"/> 17

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

A. Nathaniel G Murphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Spring Valley Rd
 City Columbia State MO Zip Code 65203-2272
 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 **365.00**

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358605
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Carl Raymond Olden MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Yakima Valley Memorial Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 07 / 2016**
Transaction ID : C3346340
 Amount of Each Receipt this Period **100.00**
 Memo Item

c. Javette C Orgain MD, MPH, F
 Full Name (Last, First, Middle Initial)
 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 Vitas Innovative Hospice Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **675.00**

Date of Receipt **07 / 03 / 2016**
Transaction ID : C3345143
 Amount of Each Receipt this Period **135.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mona R Ornelas-Staneck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2435 Ne Cumulus Ave Ste A
 City Mcminnville State OR Zip Code 97128-8805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested 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
 07 / 14 / 2016
Transaction ID : C3352109
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Maureen O Padden MD, MPH, F
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2016
Transaction ID : C3345159
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Rishet Patel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13386 Alston Dr
 City Fishers State IN Zip Code 46037-6315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OurHealth Physicians 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
 07 / 20 / 2016
Transaction ID : C3356764
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	760.00
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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shana S Shoulson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 Cedar Ave
 City Highland Park State NJ Zip Code 08904-2146
 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 **365.00**

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358607
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Diane Marie Steere MD
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **162.20**

Date of Receipt **07 / 19 / 2016**
Transaction ID : C3356500
 Amount of Each Receipt this Period **40.55**
 Memo Item

C. Elizabeth Steiner Md Steiner MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 OHSU Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **222.20**

Date of Receipt **07 / 19 / 2016**
Transaction ID : C3356501
 Amount of Each Receipt this Period **55.55**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.10
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 20 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert J Stenger MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 627 S 5th St W
 City Missoula State MT Zip Code 59801-2615
 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 365.00

Date of Receipt 07 / 25 / 2016
Transaction ID : C3358544
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Windel Stracener MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne County Health Department Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1409.14

Date of Receipt 07 / 04 / 2016
Transaction ID : C3345160
 Amount of Each Receipt this Period 218.19
 Memo Item

C. Glen R Stream MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Eisenhower Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1500.00

Date of Receipt 07 / 04 / 2016
Transaction ID : C3345161
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.19
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 21 OF 36
	<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. Michael S Strekall MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6060 Greenfield Loop
 City Helena State MT Zip Code 59602-8758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Peters Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 20 / 2016**
Transaction ID : C3356791
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Neil A Sun Rhodes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2520
 City Browning State MT Zip Code 59417-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indian Health Services Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 25 / 2016**
Transaction ID : C3358653
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. David Ethan Swee MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 11 / 2016**
Transaction ID : C3348319
 Amount of Each Receipt this Period **100.00**
 Memo Item

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: (check only one)	PAGE 22 OF 36
	<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. Erica Williams Swegler MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 07 / 01 / 2016
Transaction ID : C3355339
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Erica Williams Swegler MD, FAAFP
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 07 / 16 / 2016
Transaction ID : C3355360
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Raja Talati MD, MSC, F
 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 HCA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 29 / 2016
Transaction ID : C3361555
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard Andre Wherry MD, FAAFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City Dahlonega State GA Zip Code 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Health Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 18 / 2016
Transaction ID : C3364732
 Amount of Each Receipt this Period 250.00
 Memo Item

B. John Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Rufus Ln
 City Polson State MT Zip Code 59860-8903
 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 ▼ 520.00

Date of Receipt 07 / 20 / 2016
Transaction ID : C3356943
 Amount of Each Receipt this Period 365.00
 Memo Item

C. David Seth Yorio DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Greenwood Rd
 City Cherry Hill State NJ Zip Code 08034-3804
 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 ▼ 365.00

Date of Receipt 07 / 25 / 2016
Transaction ID : C3358547
 Amount of Each Receipt this Period 365.00
 Memo Item

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 25 OF 36
(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 (Last, First, Middle Initial)
Kim K Yu MD, FAAFP

Mailing Address 26030 Island Lake Dr

City State Zip Code
 Novi MI 48374-2161

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

Name of Employer Occupation
 Self Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 529.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2016

Transaction ID : C3355616

Amount of Each Receipt this Period
 41.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y 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).....▶	11045.83

**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 36
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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. 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 ▼
5350.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : C3352082

Amount of Each Receipt this Period
 793.01

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	793.01
TOTAL This Period (last page this line number only).....▶	793.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2016

Transaction ID : D175231

Amount of Each Disbursement this Period

11.86

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
07 / 05 / 2016

Transaction ID : D175233

Amount of Each Disbursement this Period

11.86

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
07 / 05 / 2016

Transaction ID : D175234

Amount of Each Disbursement this Period

4.39

Memo Item

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

28.11

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2016

Transaction ID : D175235

Amount of Each Disbursement this Period

7.09

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
07 / 11 / 2016

Transaction ID : D175236

Amount of Each Disbursement this Period

2.98

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
07 / 11 / 2016

Transaction ID : D175237

Amount of Each Disbursement this Period

1.01

Memo Item

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

11.08

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : D175238

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
07 / 18 / 2016

Transaction ID : D175239

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
07 / 20 / 2016

Transaction ID : D175240

Amount of Each Disbursement this Period

9.46

Memo Item

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

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

27.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : D175241

Amount of Each Disbursement this Period

15.35

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
07 / 22 / 2016

Transaction ID : D175242

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
07 / 25 / 2016

Transaction ID : D175243

Amount of Each Disbursement this Period

3.25

Memo Item

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

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

33.23

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2016

Transaction ID : D175244

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
07 / 27 / 2016

Transaction ID : D175245

Amount of Each Disbursement this Period

15.11

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
07 / 29 / 2016

Transaction ID : D175246

Amount of Each Disbursement this Period

7.95

Memo Item

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

26.31

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

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

City Spokane State WA Zip Code 99210-2485

Transaction ID : D175232

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

271.99

Candidate Name

Category/
Type

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

271.99

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Andy Harris

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

Transaction ID : D174901

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

Transaction ID : D174900

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

Transaction ID : D174902

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Bob Casey

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

Transaction ID : D174899

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Orrin G. Hatch

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

Transaction ID : D174904

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Patrick J. Toomey

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

Transaction ID : D174905

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 SOUTH WASHINGTON
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:
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 14 / 2016

Transaction ID : D174903

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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 Y

Amount of Each Disbursement this Period

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 Y

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

17500.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Maureen O Padden MD, MPH, F

Mailing Address PO Box 182126

City State Zip Code
Coronado CA 92178-2126

Purpose of Disbursement
refund of 6/30/2016 contributoin

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 Y Y
07 / 06 / 2016

Transaction ID : D175205

Amount of Each Disbursement this Period

365.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

365.00

365.00