



**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="387945.96"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20269.44"/>	<input type="text" value="269430.18"/>
(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="408215.40"/>	<input type="text" value="686647.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56793.01"/>	<input type="text" value="335224.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="351422.39"/>	<input type="text" value="351422.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

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).....	12059.06	185920.20
(ii) Unitemized .....	7149.95	78952.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19209.01	264872.77
(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) .....	19209.01	264872.77
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).....	1060.43	4557.41
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))..... ▶	20269.44	269430.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20269.44	269430.18

**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 .....	793.01	5543.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	793.01	5543.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	327500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2181.25
(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	2181.25
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)) ..	56793.01	335224.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56793.01	335224.80

**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) .....	19209.01	264872.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2181.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19209.01	262691.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	793.01	5543.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1060.43	4557.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-267.42	986.14



**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	

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. Kenneth Robert Bertka MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1970 Norhardt Dr Unit B  
 City Brookfield State WI Zip Code 53045-5086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Health Partners Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 06 / 2016**  
**Transaction ID : C3327892**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Vicki M Bertka MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8533 Castle Oaks Pl  
 City Holland State OH Zip Code 43528-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospice of Northwest Ohio Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 06 / 2016**  
**Transaction ID : C3327893**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. 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 **600.00**

Date of Receipt **06 / 15 / 2016**  
**Transaction ID : C3333067**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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**

Full Name (Last, First, Middle Initial) <b>A. Mott Parks Blair MD, FAAFP</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2016 <b>Transaction ID : C3337323</b>
Mailing Address 411 E Westbrook St		Amount of Each Receipt this Period 112.00
City Wallace	State NC	Zip Code 28466-1514
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) <b>B. J Logan Casey MD</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2016 <b>Transaction ID : C3342617</b>
Mailing Address 2432 Oneal Way		Amount of Each Receipt this Period 365.00
City Birmingham	State AL	Zip Code 35242-4656
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Seale Harris Clinic	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Steven A Crawford MD, FAAFP</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2016 <b>Transaction ID : C3337325</b>
Mailing Address 900 Ne 10Th St		Amount of Each Receipt this Period 416.66
City Oklahoma City	State OK	Zip Code 73104-5420
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer University of Oklahoma	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	893.66
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. 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 ▼ 2100.00

Date of Receipt 06 / 15 / 2016  
**Transaction ID : C3341221**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. 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 ▼ 255.00

Date of Receipt 06 / 20 / 2016  
**Transaction ID : C3337346**  
 Amount of Each Receipt this Period 85.00  
 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 ▼ 225.00

Date of Receipt 06 / 28 / 2016  
**Transaction ID : C3341210**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Daniel J Heinemann MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 5039  
 City State Zip Code  
 Sioux Falls SD 57117-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sioux Valley Health Systems Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1254.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : C3327909**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

**B. Clif Knight MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11400 Tomahawk Creek Pkwy  
 City State Zip Code  
 Leawood KS 66211-2680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Academy of Family Physicians Chief Medical Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016  
**Transaction ID : C3325432**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. William Eric Kobler MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6729 Millbrook Dr  
 City State Zip Code  
 Rockford IL 61108-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OSF Healthcare Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016  
**Transaction ID : C3325651**  
 Amount of Each Receipt this Period  
 370.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	704.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Rakesh Koul MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Wilson Ave  
City Westbury State NY Zip Code 11590-2114  
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 430.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2016  
**Transaction ID : C3327907**  
Amount of Each Receipt this Period  
430.00  
 Memo Item

**B. Richard A Kucera MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9500 Mentor Ave Ste 100  
City Mentor State OH Zip Code 44060-8702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake Hospital System Occupation Family Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2016  
**Transaction ID : C3333127**  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**C. Geoffrey L Loman MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 168 N Brent St Ste 502  
City Ventura State CA Zip Code 93003-2840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brent Street Family Practice Occupation Family Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2016  
**Transaction ID : C3333134**  
Amount of Each Receipt this Period  
500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<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. Sarah Tully Marks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11701 Johnson Dr  
 City Shawnee State KS Zip Code 66203-2647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Kansas; School of Medici Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 02 / 2016**  
**Transaction ID : C3325657**  
 Amount of Each Receipt this Period **500.00**  
 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 Kittitas Valley Healthcare Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 07 / 2016**  
**Transaction ID : C3327910**  
 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 Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : C3333118**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 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**

Full Name (Last, First, Middle Initial)  
**A. John S Meigs MD, FAAFP**

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 **Self** Occupation **Family Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **06 / 24 / 2016**

**Transaction ID : C3339160**

Amount of Each Receipt this Period **25.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Anne M Montgomery MD, MBA, F**

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 ▼ **1250.00**

Date of Receipt **06 / 06 / 2016**

**Transaction ID : C3327075**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Dale C Moquist MD, FAAFP**

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 ▼ **549.96**

Date of Receipt **06 / 09 / 2016**

**Transaction ID : C3341224**

Amount of Each Receipt this Period **91.66**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>366.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 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. Mary Suzanne Nguyen MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 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 Medina Valley Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 02 / 2016**  
**Transaction ID : C3325433**  
 Amount of Each Receipt this Period **35.00**  
 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 **600.00**

Date of Receipt **06 / 07 / 2016**  
**Transaction ID : C3327911**  
 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 **540.00**

Date of Receipt **06 / 03 / 2016**  
**Transaction ID : C3326839**  
 Amount of Each Receipt this Period **135.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **270.00**  
**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 36
	<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. Kimberly Freeland Owens MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 N 4th St  
 City Opelika State AL Zip Code 36801-4101  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : C3344887**  
 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 Self Occupation 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  
 06 / 04 / 2016  
**Transaction ID : C3326984**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. 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 Self Occupation 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  
 06 / 30 / 2016  
**Transaction ID : C3343888**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	760.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 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. Flora F Sadri-Azarbayejani DO, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clean Slate Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 12 / 2016**  
**Transaction ID : C3332137**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Sarah L Sams MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 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 Ohio Health Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 06 / 2016**  
**Transaction ID : C3327077**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Daniel H Singleton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Crawford St  
 City Buena Vista State GA Zip Code 31803-9745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : C3333122**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **515.00**  
**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

<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. Jarod Eugene Speer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4333 Lakeshore Cv  
 City Birmingham State AL Zip Code 35242-6608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childersburg Primary Care Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 01 / 2016**  
**Transaction ID : C3325358**  
 Amount of Each Receipt this Period **35.00**  
 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 **121.65**

Date of Receipt **06 / 19 / 2016**  
**Transaction ID : C3337329**  
 Amount of Each Receipt this Period **40.55**  
 Memo Item

**C. 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 **1190.95**

Date of Receipt **06 / 04 / 2016**  
**Transaction ID : C3326985**  
 Amount of Each Receipt this Period **218.19**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>293.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Glen R Stream MD, FAFAP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45280 Seeley Dr  
 City State Zip Code  
 La Quinta CA 92253-6834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Eisenhower Medical Associates Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2016  
**Transaction ID : C3326986**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. David Ethan Swee MD, FAFAP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 675 Hoes Ln W # R-114  
 City State Zip Code  
 Piscataway NJ 08854-8021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2016  
**Transaction ID : C3332111**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**c. Margaret Hoglan Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 E Appleby Rd  
 City State Zip Code  
 Fayetteville AR 72703-3901  
 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  
 06 / 30 / 2016  
**Transaction ID : C3343871**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	715.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 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 P Temporal MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 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 Billings Clinic Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 252.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : C3339150**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Melissa J Thompson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2479 Adair Madison Ave  
 City Winterset State IA Zip Code 50273-7502  
 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 06 / 13 / 2016  
**Transaction ID : C3332164**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Eric S Thomsen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 N 10th St  
 City Beatrice State NE Zip Code 68310-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beatrice Community Hospital and Health Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : C3325684**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Michael Clark Turner DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 240 Tensaw Rd  
 City Montgomery State AL Zip Code 36117-4128  
 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 06 / 30 / 2016  
**Transaction ID : C3344886**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 Aggregate Year-to-Date 365.00

**B. Lloyd Van Winkle MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 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 Medina Valley Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 06 / 02 / 2016  
**Transaction ID : C3325434**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Aggregate Year-to-Date 300.00

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

Date of Receipt 06 / 24 / 2016  
**Transaction ID : C3339164**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Aggregate Year-to-Date 600.00

**SUBTOTAL** of Receipts This Page (optional)..... **515.00**  
**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 23 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. Richard Andre Wherry MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Tipton Dr  
 City State Zip Code  
 Dahlonega GA 30533-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern Health Family Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2016  
**Transaction ID : C3341225**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Kim K Yu MD, FAAFP**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 488.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2016  
**Transaction ID : C3337305**  
 Amount of Each Receipt this Period  
 41.00  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12059.06

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

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

**A.** 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 ▼  
4557.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : C3339066**

Amount of Each Receipt this Period  
 1060.43

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1060.43
<b>TOTAL</b> This Period (last page this line number only).....▶	1060.43

**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  
06 / 06 / 2016

Transaction ID : D174757

Amount of Each Disbursement this Period

22.75

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  
06 / 06 / 2016

Transaction ID : D174758

Amount of Each Disbursement this Period

11.48

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  
06 / 08 / 2016

Transaction ID : D174759

Amount of Each Disbursement this Period

1.30

Memo Item

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

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

35.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

**Transaction ID : D174760**

Amount of Each Disbursement this Period

1.01

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) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : D174761**

Amount of Each Disbursement this Period

3.95

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) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : D174762**

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)..... ▶

8.21

**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  
06 / 17 / 2016

**Transaction ID : D174763**

Amount of Each Disbursement this Period

14.63

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  
06 / 20 / 2016

**Transaction ID : D174764**

Amount of Each Disbursement this Period

9.46

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  
06 / 21 / 2016

**Transaction ID : D174765**

Amount of Each Disbursement this Period

15.35

Memo Item

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

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

39.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : D174766**

Amount of Each Disbursement this Period

2.76

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) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : D174767**

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) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : D174768**

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)..... ▶

13.96

**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
06	/	02	/	2016

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

City Spokane State WA Zip Code 99210-2485

**Transaction ID : D174756**

Purpose of Disbursement  
Bank card processing fee

Amount of Each Disbursement this Period

695.87
--------

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)..... ▶

695.87
--------

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 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. Continuing America's Strength and Security PAC**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898-0505

Purpose of Disbursement  
Campaign contributoin

Candidate Name

**Sen Bill Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174507**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RUSS FOR WISCONSIN**

Mailing Address 1468 N High Point Rd

City State Zip Code  
Middleton WI 53562-3683

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Hon. Russ Feingold**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

**Transaction ID : D174540**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE**

Mailing Address 607 14th St NW  
Ste 800

City State Zip Code  
Washington DC 20005-2005

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

**Transaction ID : D174543**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KIRKPATRICK FOR SENATE**

Mailing Address PO Box 34421

City Phoenix State AZ Zip Code 85067-4421

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ann Kirkpatrick**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : D174347**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BILLY LONG FOR CONGRESS**

Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Billy Long**

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174509**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Charlie Dent**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : D174341**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE REICHERT**

Mailing Address PO BOX 2032

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Dave Reichert**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174513**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Doris Matsui**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : D174346**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174511**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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. FRIENDS OF JOE HECK**

Mailing Address 1111 19th St NW  
Ste 1100

City Washington State DC Zip Code 20036-3621

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Joe Heck**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

**Transaction ID : D174340**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Lucille Roybal-Allard**

Office Sought:  House  
 Senate  
 President  
State: CA District: 34

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : D174508**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michelle Lujan Lujan Grisham**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

**Transaction ID : D174338**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NITA LOWEY FOR CONGRESS**

Mailing Address PO Box 271

City State Zip Code  
White Plains NY 10605

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Nita M. Lowey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

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

**Transaction ID : D174345**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City State Zip Code  
La Crosse WI 54601

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

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

**Transaction ID : D174343**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City State Zip Code  
PITTSBURGH PA 15234

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tim Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

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

**Transaction ID : D174348**

Amount of Each Disbursement this Period

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

Memo Item

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Jon Tester**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174514**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LEAHY FOR U.S. SENATOR COMMITTEE**

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601-1042

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Patrick J. Leahy**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174510**

Amount of Each Disbursement this Period

2500.00

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

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

56000.00