

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on **11** / **08** / **2016** in the State of **KS**  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period **10** / **01** / **2016** through **10** / **19** / **2016**

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

Signature of Treasurer *Taylor, Hugh, M, , MD* [Electronically Filed] Date **10** / **27** / **2016**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		417217.01
(b) Cash on Hand at Beginning of Reporting Period.....	317824.43	
(c) Total Receipts (from Line 19) .....	30224.40	375699.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	348048.83	792916.51
7. Total Disbursements (from Line 31).....	56200.36	501068.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	291848.47	291848.47
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y 10 / 19 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16006.96	261515.44
(ii) Unitemized .....	13802.97	107556.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29809.93	369071.49
(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) .....	29809.93	369071.49
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).....	414.47	6628.01
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)).....▶	30224.40	375699.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30224.40	375699.50

**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 .....	1200.36	8021.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1200.36	8021.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	465500.00
24. Independent Expenditures (use Schedule E) .....	25000.00	25000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2546.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2546.25
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56200.36	501068.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56200.36	501068.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29809.93	369071.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2546.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29809.93	366525.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1200.36	8021.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	414.47	6628.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	785.89	1393.78

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Alof, Jennifer, R, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3179 N Stark Rd  
 City Midland State MI Zip Code 48642-7921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midland Family Physicians Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3404641**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Arai, Norman, Kazuma, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20152 Mirada Way  
 City Redding State CA Zip Code 96002-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dignity Health Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : C3413901**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Ashkin, Evan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 Pinecrest Rd  
 City Durham State NC Zip Code 27705-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398659**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 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. Barbarito, Nancy, Gower, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Pebble Creek Dr  
 City Taylors State SC Zip Code 29687-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3401277**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Beireis, Jeremy, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 S Hill St  
 City Salem State SD Zip Code 57058-8760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398685**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Blackwelder, Reid, B, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4407 Leedy Rd  
 City Kingsport State TN Zip Code 37664-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : C3407745**  
 Amount of Each Receipt this Period 100.00  
 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:	PAGE 8 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 411 E Westbrook St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
784.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : C3411210**

Amount of Each Receipt this Period  
112.00

Memo Item

**B. Booker, Karla, L, , MD, FAFAP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3945 Cranbrook Ct NW

City Lilburn	State GA	Zip Code 30047-2696
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Gwinette Hospital System	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

**Transaction ID : C3400091**

Amount of Each Receipt this Period  
47.00

Memo Item

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

Mailing Address 14023 Southwest Fwy

City Sugar Land	State TX	Zip Code 77478-3550
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Hermann Hospital System	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C3401498**

Amount of Each Receipt this Period  
31.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<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 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	

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. Campagnolo, Mary, F, , MD, MBA, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3242 Route 206  
 Bldg A Ste A2  
 City Bordentown State NJ Zip Code 08505-4517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtua Medical Group Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.35

Date of Receipt 10 / 04 / 2016  
**Transaction ID : C3399078**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. Chen, Clifford, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1466 Shady Ave  
 City Pittsburgh State PA Zip Code 15217-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Community Medicine Inc Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3401291**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Chiarito, Susan, Archer, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1724 Eisenhower Dr  
 City Vicksburg State MS Zip Code 39180-3753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Primary Care Clinic Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : C3400092**  
 Amount of Each Receipt this Period 47.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	578.67
<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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Coats, Barbara, Sue, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 W 13Th St N  
 City Wichita State KS Zip Code 67203-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wichita Clinic Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : C3398647**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Cook, Jonathan, Mitchell, , DO, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 632 Chesterfield Rd  
 City Bogart State GA Zip Code 30622-6817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.85

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : C3411211**  
 Amount of Each Receipt this Period 40.55  
 Memo Item

**C. Crawford, Steven, A, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Ne 10Th St  
 City Oklahoma City State OK Zip Code 73104-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 University of Oklahoma Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4166.60

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : C3411212**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	857.21
<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"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Daniels, Elvan, Catherine, , MD, MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4820 Regency Trce SW  
 City Atlanta State GA Zip Code 30331-6844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Cancer Society Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.85

Date of Receipt 10 / 19 / 2016  
**Transaction ID : C3411213**  
 Amount of Each Receipt this Period 55.55  
 Memo Item

**B. Etter, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Tina Dr  
 City Somerset State MA Zip Code 02726-3355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : C3411276**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Fiesinger, Troy, Treanor, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14825 Southwest Fwy  
 City Sugar Land State TX Zip Code 77478-5016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408332**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.55
<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"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Filer, Wanda, D, , MD, MBA, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 Aqua Ct

City York	State PA	Zip Code 17403-3623
--------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

**Transaction ID : C3415696**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Franklin, Rachel, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 NE 10th St

City Oklahoma City	State OK	Zip Code 73104-5420
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Oklahoma Health Sciences	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

**Transaction ID : C3400094**

Amount of Each Receipt this Period  
45.63

Memo Item

**C. Funke, Robert, H, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1144 Knollwood Ln

City Kingsport	State TN	Zip Code 37660-4509
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mountain Region Family Medicine	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : C3413886**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.63
<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"/> 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. Gardner, J, H, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 518

City Buffalo	State IA	Zip Code 52728-0518
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : C3406594**

Amount of Each Receipt this Period  
880.00

Memo Item

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

Mailing Address 77 Village Green Loop  
Apt D

City Steilacoom	State WA	Zip Code 98388-1604
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : C3411274**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Gibson, Katherine, Nancy, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1711 Laurel St

City South Pasadena	State CA	Zip Code 91030-4712
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : C3406568**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1610.00
<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 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

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. Harding Spencer, Suzannah, , , MD**

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

Mailing Address 1115 E 20th St  
Center For Family Medicine

City Sioux Falls	State SD	Zip Code 57105-1013
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Center for Family Medicine	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : C3398705**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Heinemann, Daniel, J, , MD, FAAFP**

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

Mailing Address PO BOX 5039

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : C3401499**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Hunt, Alexandra, Yarosevich, , MD**

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

Mailing Address 1446 Maxwell Rd

City QUINCY	State CA	Zip Code 95971
----------------	-------------	-------------------

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

Name of Employer (for Individual) Plumas District Hospital	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : C3404713**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	939.00
<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 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

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. Jackson, Michael, D., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 E Spruce St  
 City Garden City State KS Zip Code 67846-5614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt **10 / 10 / 2016**  
**Transaction ID : C3401747**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. Kearns, Kathleen, Shannon, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Cole Ave  
 City Turlock State CA Zip Code 95382-0846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.85

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : C3411214**  
 Amount of Each Receipt this Period 40.55  
 Memo Item

**C. Kurohara, Kevin, K., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Puuhonu Pl Ste 205  
 City Hilo State HI Zip Code 96720-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : C3398702**  
 Amount of Each Receipt this Period 550.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.97
<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 16 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Lacey, James, Edward, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Colony Pl  
 City Bel Air State MD Zip Code 21014-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCHS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398699**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Leroux, Gene, H, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Leroux St  
 City Doniphan State MO Zip Code 63935-1038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398682**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Lutzkanin III, Andrew, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Kestrel Ct  
 City Hummelstown State PA Zip Code 17036-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Reading Hosp Reading Hlth Sys Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 283.92

Date of Receipt 10 / 19 / 2016  
**Transaction ID : C3411215**  
 Amount of Each Receipt this Period 40.56  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1040.56
<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 17 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

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. Martin, Kevin, B, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 E Hobert Ave  
 City Ellensburg State WA Zip Code 98926-3833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kittitas Valley Healthcare Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3401500**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McAlhaney, Danette, F, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 North St  
 City Bamberg State SC Zip Code 29003-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : C3406593**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. McDonald, Kelly, Colleen, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2926 Camille Dr  
 City College Station State TX Zip Code 77845-7722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 456.25

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398671**  
 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 18 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
-----------------------------	-----------------------------	-----------------------------

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. Medepalli, Sampath, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 Flo Dr  
 City Wichita Falls State TX Zip Code 76302-5135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3401660**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Mehaffie, Douglas, Terry, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 Wall Blvd  
 City Gretna State LA Zip Code 70056-7107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : C3406590**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Meigs, John, S, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 289  
 City Brent State AL Zip Code 35034-0289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1675.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398703**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<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 19 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

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. Meigs, John, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 289

City Brent	State AL	Zip Code 35034-0289
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : C3401276**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Meigs, John, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 289

City Brent	State AL	Zip Code 35034-0289
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : C3411205**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Miser, W., Fred, , MD, MA, FA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5379 Stockton Ct

City Powell	State OH	Zip Code 43065-8602
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Ohio State University	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : C3402557**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<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 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	

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. Montgomery, Anne, M, , MD, MBA, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39000 Bob Hope Dr

City Rancho Mirage	State CA	Zip Code 92270-3221
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Eisenhower Medical Associates	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : C3400095**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Moquist, Dale, C, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Skyline

City Horseshoe Bay	State TX	Zip Code 78657
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : C3415697**

Amount of Each Receipt this Period  
91.66

Memo Item

**C. Nguyen, Mary, Suzanne, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 960  
409 Madrid Street

City Castroville	State TX	Zip Code 78009-0960
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Medina Valley Family Practice	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : C3399079**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	391.66
<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 21 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

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

Mailing Address 311 S 72Nd Ave Ste 100

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C3401501**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address Po Box 806527

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

**Transaction ID : C3398722**

Amount of Each Receipt this Period  
135.00

Memo Item

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

Mailing Address PO Box 182126

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
180.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : C3399080**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Pauwels, Judith, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 Ne Thornton Pl  
 City Seattle State WA Zip Code 98125-9000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3398656**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Reicks, Gregory, C, , DO, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2503 Foresight Cir  
 City Grand Junction State CO Zip Code 81505-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : C3406575**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Righter, Elisabeth, L, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2261 Philadelphia Dr  
 City Dayton State OH Zip Code 45406-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 900.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : C3400096**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	740.00
<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 23 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

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. Sadri-Azarbayejani, Flora, F, , DO, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clean Slate Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : C3404621**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Salzberg, Paul, David, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 898  
 City Callicoon State NY Zip Code 12723-0898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : C3406583**  
 Amount of Each Receipt this Period 730.00  
 Memo Item

**C. Sams, Sarah, L, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2994 Frazell Rd  
 City Hilliard State OH Zip Code 43026-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio Health Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : C3400097**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	880.00
<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 24 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

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. Schultz, Dean, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6409 Bay Hill Dr  
 City Abilene State TX Zip Code 79606-5622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2016  
**Transaction ID : C3398585**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Siy, Linda, Marie, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4133 Bilglade Rd  
 City Fort Worth State TX Zip Code 76109-5436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of North Texas Health Scien Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : C3401694**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**c. Sohail, Fayza, Ismail, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16870 SW Kavitt Ln  
 City Beaverton State OR Zip Code 97078-1391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3401663**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	711.00
<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 25 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

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. Steere, Diane, Marie, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 936 N Stratford Ln

City Wichita	State KS	Zip Code 67206-1459
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
283.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : C3411216**

Amount of Each Receipt this Period  
40.55

Memo Item

**B. Steiner, Elizabeth, Steiner Md, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 NW Skyline Blvd

City Portland	State OR	Zip Code 97229-6809
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
388.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : C3411217**

Amount of Each Receipt this Period  
55.55

Memo Item

**C. Stracener, Windel, , , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333 Hunters Pointe Dr

City Richmond	State IN	Zip Code 47374-7184
------------------	-------------	------------------------

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

Name of Employer (for Individual) Wayne County Health Department	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2063.71

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : C3399081**

Amount of Each Receipt this Period  
218.19

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	314.29
<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 26 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	

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. Stream, Glen, R, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45280 Seeley Dr  
 City La Quinta State CA Zip Code 92253-6834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eisenhower Medical Associates Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 04 / 2016**  
**Transaction ID : C3399082**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Strohm, Maureen, P, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3835 Fairmeade Rd  
 City Pasadena State CA Zip Code 91107-2229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCA Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 03 / 2016**  
**Transaction ID : C3398648**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Swee, David, Ethan, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 Hoes Ln W # R-114  
 City Piscataway State NJ Zip Code 08854-8021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **10 / 11 / 2016**  
**Transaction ID : C3402558**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 27 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	

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. Swegler, Erica, Williams, , MD, FAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4104 Harcourt Dr  
 City Austin State TX Zip Code 78727-5940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 852.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408333**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Teller, John, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 NE Medical Center Dr  
 City Bend State OR Zip Code 97701-6051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : C3406571**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Tolbert, Gerry, Leo, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3347 Mary Teal Ln  
 City Burlington State KY Zip Code 41005-8031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt 10 / 09 / 2016  
**Transaction ID : C3401695**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	495.42
<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 28 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. Vacek, Douglas, , , DO**

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

Mailing Address 2865 Scottsdale Rd

City Reno	State NV	Zip Code 89512-1474
--------------	-------------	------------------------

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

Name of Employer (for Individual) Pershing General Hospital	Occupation (for Individual) 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
10		11		2016

**Transaction ID : C3413896**

Amount of Each Receipt this Period  

365.00
--------

 Memo Item

**B. Van Winkle, Lloyd, , , MD, FAFPF**

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

Mailing Address 409 Madrid St  
Po Box 960

City Castroville	State TX	Zip Code 78009-4527
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Medina Valley Family Practice	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : C3399083**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item

**C. Vetter, William, Howard, , MD, FAFPF**

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

Mailing Address 1102 E Locust St

City Emmett	State ID	Zip Code 83617-2713
----------------	-------------	------------------------

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

Name of Employer (for Individual) Walter Knox Memorial Hospital	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : C3401684**

Amount of Each Receipt this Period  

31.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	446.00
<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 29 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	

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. Wherry, Richard, Andre, , MD, FAAFP**

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

Mailing Address 59 Tipton Dr

City Dahlonega	State GA	Zip Code 30533-1603
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Chestatee Regional Hospital	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : C3415698**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Winn, Peter, A S, , MD**

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

Mailing Address 900 Ne 10Th St

City Oklahoma City	State OK	Zip Code 73104-5420
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Oklahoma, College of Med	Occupation (for Individual) 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
10	/	07	/	2016

**Transaction ID : C3401285**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Yu, Kim, K, , MD, FAAFP**

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

Mailing Address 26030 Island Lake Dr

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
652.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : C3410390**

Amount of Each Receipt this Period  
41.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	791.00
<b>TOTAL</b> This Period (last page this line number only).....	16006.96

# 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 30 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 14	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2672
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6628.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : C3406933**

Amount of Each Receipt this Period  
414.47

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M 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).....▶	414.47
<b>TOTAL</b> This Period (last page this line number only).....▶	414.47

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

### A. American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2016

FEC Identification Number

C [REDACTED]

Transaction ID : D176489

Amount of Each Disbursement this Period

[REDACTED] 4.39

Memo Item

Full Name (Last, First, Middle Initial)

### B. American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2016

FEC Identification Number

C [REDACTED]

Transaction ID : D176490

Amount of Each Disbursement this Period

[REDACTED] 18.95

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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

FEC Identification Number

C [REDACTED]

Transaction ID : D176491

Amount of Each Disbursement this Period

[REDACTED] 2.98

Memo Item

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

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

[REDACTED] 26.32

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C

**Transaction ID : D176492**

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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C

**Transaction ID : D176210**

Amount of Each Disbursement this Period

84.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C

**Transaction ID : D176211**

Amount of Each Disbursement this Period

74.63

Memo Item

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

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

160.63

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

FEC Identification Number

C

Transaction ID : D176889

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : D176892

Amount of Each Disbursement this Period

72.97

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank Of America Merchant Services**

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

City  
Spokane

State  
WA

Zip Code  
99210-2485

Purpose of Disbursement  
Wire transfer fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

FEC Identification Number

C

Transaction ID : D176893

Amount of Each Disbursement this Period

30.00

Memo Item

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

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

106.22

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C  
Transaction ID : D176212  
Amount of Each Disbursement this Period  
895.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank fee - returned item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C  
Transaction ID : D176887  
Amount of Each Disbursement this Period  
12.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

907.19  
1200.36

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RUSS VICTORY FUND**

Mailing Address 15 N Pinckney St

City  
Madison

State  
WI

Zip Code  
53703-2883

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Feingold, Russ, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

**C** C00586180

**Transaction ID : D176580**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SILVER STATE PAC, INC.**

Mailing Address 610 S Boulevard

City  
Tampa

State  
FL

Zip Code  
33606-2647

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

**C** C00619965

**Transaction ID : D176579**

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

30000.00

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

30000.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Academy of Family Physicians Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00411553
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>Waterfront Strategies</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3050 K St NW Ste 100	Amount <input type="text"/> 25000.00
City: Washington State: DC Zip Code: 20007-5161	
Purpose of Expenditure Independent expenditure - radio/print	Transaction ID : <b>D176651</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Bera, Ami, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 25000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 25000.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/> 25000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taylor, Hugh, M, , MD **[Electronically Filed]** Date  /  /   
Signature