

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.
American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer Hugh M Taylor MD [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="417217.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="417217.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36546.78"/>	<input type="text" value="36546.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="453763.79"/>	<input type="text" value="453763.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="769.83"/>	<input type="text" value="769.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="452993.96"/>	<input type="text" value="452993.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19625.66	19625.66
(ii) Unitemized	16235.66	16235.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35861.32	35861.32
(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)	35861.32	35861.32
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).....	685.46	685.46
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))..... ▶	36546.78	36546.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36546.78	36546.78

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	568.58	568.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	568.58	568.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	201.25	201.25
(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)).....	201.25	201.25
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	769.83	769.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	769.83	769.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35861.32	35861.32
34. Total Contribution Refunds (from Line 28(d))	201.25	201.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35660.07	35660.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	568.58	568.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	685.46	685.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-116.88	-116.88

**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 26
	<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. Steven A Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 NE 10th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.66**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : C3236061
 Amount of Each Receipt this Period
416.66

B. Randall C Cronin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Hunting Ridge Dr
 City Greensburg State PA Zip Code 15601-9300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 08 / 2016
Transaction ID : C3229695
 Amount of Each Receipt this Period
200.00

C. Randall C Cronin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Hunting Ridge Dr
 City Greensburg State PA Zip Code 15601-9300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : C3246739
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	716.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. L Allen Dobson MD
Full Name (Last, First, Middle Initial)

Mailing Address 599 Jackson St

City Mt Pleasant State NC Zip Code 28124-9738

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

Name of Employer CCNC, Inc. Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : C3246827

Amount of Each Receipt this Period
365.00

B. Kevin J Donnelly MD
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Prairie Hill Rd

City Saint Cloud State MN Zip Code 56301-1924

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

Name of Employer St Cloud Medical Group Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 08 / 2016

Transaction ID : C3229850

Amount of Each Receipt this Period
300.00

C. Kristin Dawn Drynan MD
Full Name (Last, First, Middle Initial)

Mailing Address 2425 Fargo Blvd

City Geneva State IL Zip Code 60134-3591

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

Name of Employer Fox Valley Family Physicians Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : C3246742

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1030.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald M Farrimond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1595 Robb Dr
 Ste 2
 City Reno State NV Zip Code 89523-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Mary's Medical Center/CHM Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 20 / 2016
Transaction ID : C3237410
 Amount of Each Receipt this Period
365.00

B. James G Fieseher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Borthwick Ave
 Ste 210
 City Portsmouth State NH Zip Code 03801-7111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 06 / 2016
Transaction ID : C3233829
 Amount of Each Receipt this Period
365.00

C. Wanda D Filer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Aqua Ct
 City York State PA Zip Code 17403-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Health Institute Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : C3242162
 Amount of Each Receipt this Period
350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew P Finneran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Leatherman Rd
 City Wadsworth State OH Zip Code 44281-9236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : C3239142
 Amount of Each Receipt this Period **500.00**

B. Brian K Fleming MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Buckland Dr
 City Fayetteville State NC Zip Code 28312-8236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : C3239139
 Amount of Each Receipt this Period **250.00**

C. Jennifer Emma Frank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Lusitana St Ste 904
 City Honolulu State HI Zip Code 96813-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **01 / 06 / 2016**
Transaction ID : C3233833
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **1115.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Chet M Gentry MD		Date of Receipt 01 / 27 / 2016 Transaction ID : C3246832
Mailing Address 545 Jamestown Rd		Amount of Each Receipt this Period 365.00
City Cookeville	State TN	Zip Code 38501-3066
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel J Heinemann MD		Date of Receipt 01 / 07 / 2016 Transaction ID : C3228403
Mailing Address 1305 W 18th St		Amount of Each Receipt this Period 209.00
City Sioux Falls	State SD	Zip Code 57105-0401
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 209.00
Name of Employer Sioux Valley Health Systems	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Douglas E Henley MD		Date of Receipt 01 / 09 / 2016 Transaction ID : C3230692
Mailing Address 11400 Tomahawk Creek Pkwy		Amount of Each Receipt this Period 2500.00
City Leawood	State KS	Zip Code 66211-2680
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500.00
Name of Employer American Academy of Family Physicians	Occupation Family Physician/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3074.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John R Jacobsen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 S 64th Plz
 Apt 102
 City Omaha State NE Zip Code 68106-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Think Primary Care Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 08 / 2016**
Transaction ID : C3229980
 Amount of Each Receipt this Period **250.00**

B. Vincent D Keenan CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4756 Main St
 Exec Vice President - IL AFP
 City Lisle State IL Zip Code 60532-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Academy of Family Physicians Occupation Association Exec.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 07 / 2016**
Transaction ID : C3228648
 Amount of Each Receipt this Period **500.00**

C. Rick Kellerman Md Kellerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 N Armour St
 City Wichita State KS Zip Code 67206-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KUSM-Wichita Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : C3242680
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven D Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Williams Dr
 City Harrisburg State IL Zip Code 62946-3778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primary Care Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016
Transaction ID : C3246756
 Amount of Each Receipt this Period
365.00

B. Paul Alan Lazar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address G3230 Beecher Rd Ste 1
 City Flint State MI Zip Code 48532-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLaren Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016
Transaction ID : C3229754
 Amount of Each Receipt this Period
370.00

C. James Joseph Ledwith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Flynn Rd
 City Franklin State MA Zip Code 02038-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016
Transaction ID : C3229043
 Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....	1360.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert A Lee MD
Full Name (Last, First, Middle Initial)

Mailing Address 9116 Hammontree Dr

City Urbandale State IA Zip Code 50322-7427

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

Name of Employer The Iowa clinic Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016
Transaction ID : C3246760

Amount of Each Receipt this Period
 1000.00

B. Richard F Madden MD
Full Name (Last, First, Middle Initial)

Mailing Address 609 Christopher Dr

City Belen State NM Zip Code 87002-2615

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

Name of Employer Presbyterian Healthcare Services Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : C3246839

Amount of Each Receipt this Period
 365.00

C. Andrew C Mills MD
Full Name (Last, First, Middle Initial)

Mailing Address 6161 S Yale Ave

City Tulsa State OK Zip Code 74136-1902

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

Name of Employer St. John Clinic Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : C3233875

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1730.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Lynn O'Dell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4704 Rockhill Rd
 City Kansas City State MO Zip Code 64110-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPA Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 06 / 2016**
Transaction ID : C3227874
 Amount of Each Receipt this Period **400.00**

B. Yvette Oquendo Md Oquendo-Berruz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7442 Weather Worn Way
 City Columbia State MD Zip Code 21046-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chase Brexton Health Services,inc Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 06 / 2016**
Transaction ID : C3233988
 Amount of Each Receipt this Period **500.00**

C. Brian Robert Pentl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Centre St
 City Newton Center State MA Zip Code 02459-2447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston University Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 06 / 2016**
Transaction ID : C3227876
 Amount of Each Receipt this Period **350.00**

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ellen S Reinheimer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Earlwoode Dr
 City White Plains State NY Zip Code 10606-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Med Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C3239156
 Amount of Each Receipt this Period
1000.00

B. Timothy G Rice DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 N 11th St
 City Cherokee State IA Zip Code 51012-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 14 / 2016
Transaction ID : C3234013
 Amount of Each Receipt this Period
365.00

c. Shirley Uhl Salvatore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Hastings Dr
 City Pueblo State CO Zip Code 81001-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InnovAge Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : C3246794
 Amount of Each Receipt this Period
365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Evan T Saulino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 NE 29th Ave
 City Portland State OR Zip Code 97232-2411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health and Services Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : C3246797
 Amount of Each Receipt this Period
365.00

B. Michael J Saunders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Butts Ave
 City Tomah State WI Zip Code 54660-1412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Health Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C3239144
 Amount of Each Receipt this Period
250.00

c. Alan I Schwartzstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 753 N Main St
 City Oregon State WI Zip Code 53575-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Clinic Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : C3246800
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1115.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26
	<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	<input type="checkbox"/> 17

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

A. Michael N Stiffman MD
Full Name (Last, First, Middle Initial)

Mailing Address 8100 34Th Ave S

City Minneapolis State MN Zip Code 55425-1672

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

Name of Employer HealthPartners Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2016

Transaction ID : C3246848

Amount of Each Receipt this Period
 365.00

B. James O Theis MD
Full Name (Last, First, Middle Initial)

Mailing Address 6019 Constance St

City New Orleans State LA Zip Code 70118-5806

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

Name of Employer Self Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016

Transaction ID : C3234003

Amount of Each Receipt this Period
 365.00

C. John Bryan Waits MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 870377

City Tuscaloosa State AL Zip Code 35487-0001

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

Name of Employer Cahaba Medical Care Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016

Transaction ID : C3234007

Amount of Each Receipt this Period
 365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Andre Wherry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Tipton Dr
 City State Zip Code
 Dahlonega GA 30533-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Health Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2016
Transaction ID : C3249244
 Amount of Each Receipt this Period
 250.00

B. Thomas Joseph Witt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31104 Ida Path
 City State Zip Code
 Lake City MN 55041-3271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Health System - Lake City Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016
Transaction ID : C3229046
 Amount of Each Receipt this Period
 250.00

c. J Mack Worthington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 E 3rd St
 City State Zip Code
 Chattanooga TN 37403-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Tennessee Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : C3227875
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	19625.66

**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 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. American Academy of Family Physicians
Full Name (Last, First, Middle Initial)
Mailing Address 11400 Tomahawk Creek Pkwy
City Leawood State KS Zip Code 66211-2672
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 685.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2016
Transaction ID : C3239129
Amount of Each Receipt this Period
126.04

B. American Academy of Family Physicians
Full Name (Last, First, Middle Initial)
Mailing Address 11400 Tomahawk Creek Pkwy
City Leawood State KS Zip Code 66211-2672
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 685.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2016
Transaction ID : C3244891
Amount of Each Receipt this Period
559.42

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	685.46
TOTAL This Period (last page this line number only).....▶	685.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : D170562

Amount of Each Disbursement this Period

3.58

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : D170563

Amount of Each Disbursement this Period

46.51

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : D170565

Amount of Each Disbursement this Period

6.50

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

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

56.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2016

Transaction ID : D170566

Amount of Each Disbursement this Period

84.23

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : D170567

Amount of Each Disbursement this Period

14.63

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : D170568

Amount of Each Disbursement this Period

6.50

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

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

105.36

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : D170718

Amount of Each Disbursement this Period

8.13

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2016

Transaction ID : D170719

Amount of Each Disbursement this Period

13.54

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2016

Transaction ID : D170720

Amount of Each Disbursement this Period

11.86

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

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

33.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		26		2016

Transaction ID : D170721

Amount of Each Disbursement this Period

32.50

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2016

Transaction ID : D170722

Amount of Each Disbursement this Period

3.25

C. Bank Of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2016

Transaction ID : D170561

Amount of Each Disbursement this Period

337.35

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

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

373.10

568.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Elizabeth Diane Carson

Mailing Address 12017 Citrus Falls Cir Apt 201

City Tampa State FL Zip Code 33625-5720

Purpose of Disbursement
Refund of 12/24/15 dues check-off donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	06	/	2016

Transaction ID : D170381

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas E Carson MD

Mailing Address 1259 S Pinellas Ave

City Tarpon Springs State FL Zip Code 34689-3719

Purpose of Disbursement
Refund of 12/24/15 dues check-off contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	06	/	2016

Transaction ID : D170382

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. F Bradford Bradford Meyers MD

Mailing Address PO Box 414

City Jefferson State WI Zip Code 53549-0414

Purpose of Disbursement
Refund of contribution on 11/19/15

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	11	/	2016

Transaction ID : D170273

Amount of Each Disbursement this Period

33.75

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

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

133.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. F Bradford Bradford Meyers MD

Mailing Address PO Box 414

City Jefferson State WI Zip Code 53549-0414

Purpose of Disbursement
Refund of contribution made 12/19/15

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 Y
01	/	11	/	2016

Transaction ID : D170275

Amount of Each Disbursement this Period

33.75

Full Name (Last, First, Middle Initial)

B. Dr. F Bradford Bradford Meyers MD

Mailing Address PO Box 414

City Jefferson State WI Zip Code 53549-0414

Purpose of Disbursement
Refund of contribution made 10/19/15

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 Y
01	/	12	/	2016

Transaction ID : D170276

Amount of Each Disbursement this Period

33.75

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

67.50

201.25
