

**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="2015"/>		439447.27
(b) Cash on Hand at Beginning of Reporting Period.....	368210.63	
(c) Total Receipts (from Line 19)	12669.54	308581.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	380880.17	748028.84
7. Total Disbursements (from Line 31).....	17962.49	385111.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	362917.68	362917.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2015 To: M M / D D / Y Y Y Y 08 / 31 / 2015

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).....	9571.01	201222.96
(ii) Unitemized	3098.53	101335.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12669.54	302558.10
(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)	12669.54	302558.10
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).....	0.00	6023.47
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))..... ▶	12669.54	308581.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12669.54	308581.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	362.49	5826.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	362.49	5826.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	378700.00
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	100.00	585.00
(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)).....	100.00	585.00
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)) ..	17962.49	385111.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17962.49	385111.16

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12669.54	302558.10
34. Total Contribution Refunds (from Line 28(d))	100.00	585.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12569.54	301973.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	362.49	5826.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	6023.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	362.49	-197.31

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

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. Pamela E Ahearn MD		Date of Receipt 08 / 04 / 2015 Transaction ID : C3065840
Mailing Address PO Box 1798 714 Hwy 70 E		Amount of Each Receipt this Period 365.00
City Kingston	State OK	Zip Code 73439-1798
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Janet R Albers MD		Date of Receipt 08 / 27 / 2015 Transaction ID : C3082638
Mailing Address 612 Woodbridge Rd		Amount of Each Receipt this Period 50.00
City Springfield	State IL	Zip Code 62711-5666
FEC ID number of contributing federal political committee. C		
Name of Employer SIU SOM	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. James Douglas Aldstadt MD		Date of Receipt 08 / 31 / 2015 Transaction ID : C3083846
Mailing Address 4202 Southridge Ct		Amount of Each Receipt this Period 500.00
City Englewood	State OH	Zip Code 45322-2645
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	915.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Frederic Baker MD
Full Name (Last, First, Middle Initial)

Mailing Address 32 Mark Cir

City Holden State MA Zip Code 01520-1410

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

Name of Employer UMMHC Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2015

Transaction ID : C3066698

Amount of Each Receipt this Period
43.00

B. Cedric T Barnes DO
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 337

City Milford State DE Zip Code 19963-0337

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 ▼ **219.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : C3083669

Amount of Each Receipt this Period
36.50

C. Kevin M Bernstein MD
Full Name (Last, First, Middle Initial)

Mailing Address PSC 482

City Fpo State AP Zip Code 96362-9998

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

Name of Employer US Navy Occupation Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2015

Transaction ID : C3066699

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ► **142.00**

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

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

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

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

A. Reid B Blackwelder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4407 Leedy Rd
 City Kingsport State TN Zip Code 37664-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETSU Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 14 / 2015**
Transaction ID : C3072118
 Amount of Each Receipt this Period **100.00**

B. Kathleen A Bliese Walk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Lakeside Dr
 City Grand Island State NE Zip Code 68801-8536
 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 **08 / 10 / 2015**
Transaction ID : C3068338
 Amount of Each Receipt this Period **500.00**

C. Lindsay Kathryn Botsford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2506 Hazard St
 City Houston State TX Zip Code 77019-6756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Hospital System Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **217.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : C3067140
 Amount of Each Receipt this Period **31.00**

SUBTOTAL of Receipts This Page (optional)..... **631.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mary F Campagnolo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 Route 38 Ste 6
 City Lumberton State NJ Zip Code 08048-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Medical Group Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 06 / 2015**
Transaction ID : C3066701
 Amount of Each Receipt this Period **125.00**

B. 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 **3749.94**

Date of Receipt **08 / 12 / 2015**
Transaction ID : C3069540
 Amount of Each Receipt this Period **416.66**

C. Dewayne P Darby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 Bishop Ave Ste A
 City Jefferson City State TN Zip Code 37760-1997
 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 **365.00**

Date of Receipt **08 / 20 / 2015**
Transaction ID : C3077239
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **906.66**
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 10 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James A Ellzy MD		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 Transaction ID : C3075074
Mailing Address 1351 Bryant St NE Apt 4		Amount of Each Receipt this Period 34.10
City Washington	State DC	Zip Code 20018-1156
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.80	

Full Name (Last, First, Middle Initial) B. Wanda D Filer MD		Date of Receipt MM / DD / YYYY 08 / 09 / 2015 Transaction ID : C3067552
Mailing Address 510 Aqua Ct		Amount of Each Receipt this Period 350.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

Full Name (Last, First, Middle Initial) C. Stephanie J Foley		Date of Receipt MM / DD / YYYY 08 / 22 / 2015 Transaction ID : C3081035
Mailing Address 5518 Butterfly Ln Apt 307 2100 Erwin Road		Amount of Each Receipt this Period 30.42
City Durham	State NC	Zip Code 27707-9078
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Ridge Family Physicians	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36	

SUBTOTAL of Receipts This Page (optional).....▶	414.52
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Boyde Jerome Harrison MD			Date of Receipt 08 / 07 / 2015 Transaction ID : C3067141
Mailing Address 904 26th St			Amount of Each Receipt this Period 84.00
City Haleyville	State AL	Zip Code 35565-1719	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 672.00
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 08 / 23 / 2015 Transaction ID : C3081071
Mailing Address 1305 W 18th St			Amount of Each Receipt this Period 150.00
City Sioux Falls	State SD	Zip Code 57105-0401	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1050.00
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. Thomas Brent Hoehns MD			Date of Receipt 08 / 24 / 2015 Transaction ID : C3081215
Mailing Address 1301 163rd Pl			Amount of Each Receipt this Period 365.00
City Knoxville	State IA	Zip Code 50138-8992	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	599.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. David Standish Hoskins MD			Date of Receipt
Mailing Address PO Box 2200			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : C3065420
Minden	NV	89423-2200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
Self Employed	Family Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Marc D Irwin MD			Date of Receipt
Mailing Address 19420 Mockingbird Rd			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : C3068339
Canyon	TX	79015-5848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation		
Information Requested	Information Requested		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jessica Johnson MD			Date of Receipt
Mailing Address 3303 SW Hume St			<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : C3067553
Portland	OR	97219-3738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
OHSU	Family Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Gregory King MD
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Vail Rd

City Bennington State VT Zip Code 05201-9597

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 ▼ **330.00**

Date of Receipt **08 / 07 / 2015**

Transaction ID : C3067142

Amount of Each Receipt this Period **55.00**

B. Stephen N Leibensperger MD
Full Name (Last, First, Middle Initial)

Mailing Address 908 Black Oak Ct

City Gibsonia State PA Zip Code 15044-6188

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

Name of Employer Drs. Sauer and Leibensperger Family Pr Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 10 / 2015**

Transaction ID : C3068331

Amount of Each Receipt this Period **300.00**

C. Gary L LeRoy MD
Full Name (Last, First, Middle Initial)

Mailing Address 761 Kenilworth Ave

City Dayton State OH Zip Code 45405-4051

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

Name of Employer Wright State University Occupation Family Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt **08 / 10 / 2015**

Transaction ID : C3068334

Amount of Each Receipt this Period **305.00**

SUBTOTAL of Receipts This Page (optional)..... **660.00**

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

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

A. Robyn A Liu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 SE Stark St
 City Portland State OR Zip Code 97214-1459
 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 **350.00**

Date of Receipt **08 / 05 / 2015**
Transaction ID : C3089201
 Amount of Each Receipt this Period **50.00**

B. Christopher M Mahr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3085 Firestone Ct
 City Sumter State SC Zip Code 29150-7075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colonial Family Practice Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : C3067622
 Amount of Each Receipt this Period **40.50**

C. Kevin B Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 219th Ave E
 City Lake Tapps State WA Zip Code 98391-5634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Care Physician Services Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 26 / 2015**
Transaction ID : C3081754
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **140.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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 S Meigs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 289
 100 Serendipity Dr
 City State Zip Code
 Brent AL 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : C3068336
 Amount of Each Receipt this Period
 25.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : C3077234
 Amount of Each Receipt this Period
 75.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : C3083845
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. F Bradford Bradford Meyers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 414
 City Jefferson State WI Zip Code 53549-0414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **236.25**

Date of Receipt **08 / 19 / 2015**
Transaction ID : C3075075
 Amount of Each Receipt this Period **33.75**

B. Kirk Ernest Mitchell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5390 Saint Vrain Rd
 City Longmont State CO Zip Code 80503-9307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 20 / 2015**
Transaction ID : C3077233
 Amount of Each Receipt this Period **365.00**

C. Anne M Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44818 Oro Grande Cir
 City Indian Wells State CA Zip Code 92210-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eisenhower Medical Associates Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **08 / 28 / 2015**
Transaction ID : C3083427
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **648.75**
TOTAL This Period (last page this line number only).....

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

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

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

A. Dale C Moquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 Lake Walk Ct
 City Missouri City State TX Zip Code 77459-3268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **733.28**

Date of Receipt
 08 / 09 / 2015
Transaction ID : C3089193
 Amount of Each Receipt this Period
91.66

B. Mary S Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5727 Welsch Vw
 City San Antonio State TX Zip Code 78249-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medina Valley Family Practice Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 08 / 02 / 2015
Transaction ID : C3065289
 Amount of Each Receipt this Period
35.00

C. Carl Raymond Olden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 S 72nd Ave
 City Yakima State WA Zip Code 98908-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yakima Valley Memorial Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 08 / 07 / 2015
Transaction ID : C3067143
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	226.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Beth Loney Oller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 N 1st St
 City Stockton State KS Zip Code 67669-1604
 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 **500.00**

Date of Receipt **08 / 04 / 2015**
Transaction ID : C3066252
 Amount of Each Receipt this Period **500.00**

B. Javette C Orgain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 806527
 City Chicago State IL Zip Code 60680-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vitas Innovative Hospice Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **770.00**

Date of Receipt **08 / 28 / 2015**
Transaction ID : C3083428
 Amount of Each Receipt this Period **110.00**

c. Michelle Quiogue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2460 Pine St
 City Bakersfield State CA Zip Code 93301-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCPMG Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **219.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : C3067623
 Amount of Each Receipt this Period **36.50**

SUBTOTAL of Receipts This Page (optional)..... **646.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert Chuck Rich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10
 City Bladenboro State NC Zip Code 28320-0010
 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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : C3081293
 Amount of Each Receipt this Period
50.00

B. Elisabeth L Righter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 267 Park Dr
 City Dayton State OH Zip Code 45410-1315
 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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : C3067554
 Amount of Each Receipt this Period
100.00

c. Flora F Sadri-Azarbayejani DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 S Mountain Rd
 City Northfield State MA Zip Code 01360-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : C3075076
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Trisha Marie Sams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 127
 City Utica State NE Zip Code 68456-0127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 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
 08 / 10 / 2015
Transaction ID : C3068337
 Amount of Each Receipt this Period
 365.00

B. Larry A Severa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Calendula Ct
 City Billings State MT Zip Code 59105-2379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Billings Clinic 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
 08 / 29 / 2015
Transaction ID : C3083659
 Amount of Each Receipt this Period
 365.00

C. Linda Marie Siy MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 University of North Texas Health Scien Family Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 292.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : C3089186
 Amount of Each Receipt this Period
 36.50

SUBTOTAL of Receipts This Page (optional).....▶	766.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Windel A Stracener MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1400.00**

Date of Receipt **08 / 11 / 2015**
Transaction ID : C3068937
 Amount of Each Receipt this Period **200.00**

B. Glen R Stream MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44818 Oro Grande Cir
 City Indian Wells State CA Zip Code 92210-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eisenhower Medical Associates Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : C3078747
 Amount of Each Receipt this Period **250.00**

C. John F Tabachnick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 714 Hanford Pl
 City Westfield State NJ Zip Code 07090-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westfield Family Practice Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : C3068333
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional).....	815.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Stacy J Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 E Cotton Hill Rd
 City New Hartford State CT Zip Code 06057-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Hungerford Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : C3065251
 Amount of Each Receipt this Period
 31.00

B. William J Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6404 Dry Cliff Cv
 City Austin State TX Zip Code 78731-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care Service Corporation Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2015
Transaction ID : C3081010
 Amount of Each Receipt this Period
 365.00

C. Lloyd P Van Winkle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 960
 City Castroville State TX Zip Code 78009-0960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medina Valley Family Practice Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : C3065290
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	446.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. William H Vetter MD
 Full Name (Last, First, Middle Initial)
 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 Walter Knox Memorial Hospital Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : C3067516
 Amount of Each Receipt this Period **31.00**

B. Bruce Alan Wallstedt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Canterbury Close
 City Brentwood State TN Zip Code 37027-4870
 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 **219.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : C3067625
 Amount of Each Receipt this Period **36.50**

C. Kevin S Wang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 Terry Ave Apt 1609
 City Seattle State WA Zip Code 98101-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Medical Center Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : C3081135
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **167.50**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Mark Alan Ward MD		Date of Receipt
Mailing Address 355 Las Vegas St		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Morro Bay	CA	93442-1548
FEC ID number of contributing federal political committee.		Transaction ID : C3067555
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.42"/>
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="243.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dahlonega	GA	30533-1603
FEC ID number of contributing federal political committee.		Transaction ID : C3067517
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Southern Health	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph W Zebley MD		Date of Receipt
Mailing Address 3810 Juniper Rd		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Baltimore	MD	21218-1827
FEC ID number of contributing federal political committee.		Transaction ID : C3077238
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="625.00"/>
Name of Employer	Occupation	
Greenspring Medical Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="905.42"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="9571.01"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : D167827

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
08 / 10 / 2015

Transaction ID : D168070

Amount of Each Disbursement this Period

11.86

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
08 / 10 / 2015

Transaction ID : D168071

Amount of Each Disbursement this Period

1.48

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

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

16.92

**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
08 / 11 / 2015

Transaction ID : D168072

Amount of Each Disbursement this Period

3.74

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
08 / 12 / 2015

Transaction ID : D168073

Amount of Each Disbursement this Period

8.13

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
08 / 13 / 2015

Transaction ID : D168074

Amount of Each Disbursement this Period

14.35

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

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

26.22

**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"/> 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
08 / 14 / 2015

Transaction ID : D168075

Amount of Each Disbursement this Period

1.32

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
08 / 17 / 2015

Transaction ID : D168076

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
08 / 17 / 2015

Transaction ID : D168077

Amount of Each Disbursement this Period

6.50

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

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

21.36

**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
08 / 18 / 2015

Transaction ID : D168078

Amount of Each Disbursement this Period

3.25

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
08 / 25 / 2015

Transaction ID : D168079

Amount of Each Disbursement this Period

0.81

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
08 / 26 / 2015

Transaction ID : D168080

Amount of Each Disbursement this Period

0.99

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

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

5.05

**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
08 / 28 / 2015

Transaction ID : D168081

Amount of Each Disbursement this Period

3.25

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
08 / 31 / 2015

Transaction ID : D168082

Amount of Each Disbursement this Period

7.95

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
Bank card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : D167828

Amount of Each Disbursement this Period

281.74

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

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

292.94

362.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 IVY ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Ben Cardin

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : D167814

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. YOUNG FOR IOWA, INC.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261-0162

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. David Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : D167811

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS

Mailing Address 434 Fayetteville St

City Raleigh State NC Zip Code 27601-1701

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. G.K. Butterfield

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : D167813

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

9	5	0	0	0	0	0	0	0	0
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9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul D. Ryan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	5

Transaction ID : D167934

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : D167812

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. GRASSLEY COMMITTEE INC

Mailing Address PO Box 1000

City State Zip Code
Des Moines IA 50304-1000

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Charles E. Grassley

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Transaction ID : D167880

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
---	---	---	---	---	---	---

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

8	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	7	5	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Nader Aziz MD

Mailing Address 129 Cranberry Ct

City Barrington State IL Zip Code 60010-7801

Purpose of Disbursement
Refund of duplicate donation 6.22.15

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : D167809

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

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

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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

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

Amount of Each Disbursement this Period

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

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

100.00

100.00