

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2318 Mill Road
Suite 1300
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00122499 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 MM / DD / YYYY in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
07 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
DORN, JENNIFER, Ms.,
Type or Print Name of Treasurer

Signature of Treasurer DORN, JENNIFER, Ms., [Electronically Filed] Date MM / DD / YYYY
01 / 26 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Physician Assistants Political Action Committee (PA PAC)

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="2017"/>		90233.64
(b) Cash on Hand at Beginning of Reporting Period.....	135326.34	
(c) Total Receipts (from Line 19)	31168.08	108105.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	166494.42	198339.02
7. Total Disbursements (from Line 31).....	34119.90	65964.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	132374.52	132374.52
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

Write or Type Committee Name

American Academy of Physician Assistants Political Action Committee (PA PAC)

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).....	6622.00	23418.50
(ii) Unitemized	24546.08	84686.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31168.08	108105.38
(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)	31168.08	108105.38
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	0.00
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)).....▶	31168.08	108105.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31168.08	108105.38

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	759.90	2404.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	759.90	2404.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	63000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	360.00	560.00
(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)).....	360.00	560.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34119.90	65964.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34119.90	65964.50

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)	31168.08	108105.38
34. Total Contribution Refunds (from Line 28(d))	360.00	560.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30808.08	107545.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	759.90	2404.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	759.90	2404.50

**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 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Physician Assistants Political Action Committee (PA PAC)

A. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt **07 / 28 / 2017**
Transaction ID : A73320652487E41ED830
 Amount of Each Receipt this Period 31.00
 Memo Item

B. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.50

Date of Receipt **08 / 25 / 2017**
Transaction ID : A919D3D20785041BEBC0
 Amount of Each Receipt this Period 31.00
 Memo Item

C. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.50

Date of Receipt **09 / 22 / 2017**
Transaction ID : AD495F6A45E7B42C19E3
 Amount of Each Receipt this Period 31.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	93.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.50

Date of Receipt 10 / 20 / 2017
Transaction ID : AACD5D58845B347B79AD
 Amount of Each Receipt this Period 31.00
 Memo Item

B. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.50

Date of Receipt 11 / 17 / 2017
Transaction ID : A8DEEDEF51AB2476284F
 Amount of Each Receipt this Period 31.00
 Memo Item

C. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.50

Date of Receipt 12 / 14 / 2017
Transaction ID : AE7F9FBEA3D7F431ABC7
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.00
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 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Butterfield Vickery, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.00

Date of Receipt 12 / 29 / 2017
Transaction ID : A8C9BF0B80C544796B6C
 Amount of Each Receipt this Period 46.50
 Memo Item

B. Curtis, L., Gail, , PA-C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Blvd Dept OF
 City Winston Salem State NC Zip Code 00001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Univ Occupation (for Individual) PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 24 / 2017
Transaction ID : AC8F136F639BB42CCB10
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Curtis, L., Gail, , PA-C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Blvd Dept OF
 City Winston Salem State NC Zip Code 00001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Univ Occupation (for Individual) PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 12 / 14 / 2017
Transaction ID : A8EA7601DC3CA48E29F9
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	396.50
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 9 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Dobbs, Lauren, Grace, , PA-C

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

Mailing Address 171 Bearclaw Cir

City Aledo	State TX	Zip Code 76008-1245
---------------	-------------	------------------------

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

Name of Employer (for Individual) UNT HSC PEDIATRICS	Occupation (for Individual) PA
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : A29FD219DB9CE4B2A99C

Amount of Each Receipt this Period
41.75

Memo Item

B. Dobbs, Lauren, Grace, , PA-C

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

Mailing Address 171 Bearclaw Cir

City Aledo	State TX	Zip Code 76008-1245
---------------	-------------	------------------------

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

Name of Employer (for Individual) UNT HSC PEDIATRICS	Occupation (for Individual) PA
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

Transaction ID : AA7C691A9B88243F2AF8

Amount of Each Receipt this Period
41.75

Memo Item

C. Dobbs, Lauren, Grace, , PA-C

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

Mailing Address 171 Bearclaw Cir

City Aledo	State TX	Zip Code 76008-1245
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNT HSC PEDIATRICS	Occupation (for Individual) PA
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
292.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : A02F0BF3EDF2F4159874

Amount of Each Receipt this Period
41.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.25
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Dobbs, Lauren, Grace, , PA-C

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

Mailing Address 171 Bearclaw Cir

City Aledo	State TX	Zip Code 76008-1245
---------------	-------------	------------------------

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

Name of Employer (for Individual) UNT HSC PEDIATRICS	Occupation (for Individual) PA
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2017

Transaction ID : AD1FA72599C3346BF985

Amount of Each Receipt this Period
41.75

Memo Item

B. Dobbs, Lauren, Grace, , PA-C

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

Mailing Address 171 Bearclaw Cir

City Aledo	State TX	Zip Code 76008-1245
---------------	-------------	------------------------

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

Name of Employer (for Individual) UNT HSC PEDIATRICS	Occupation (for Individual) PA
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : AE63E6B9441C0454692D

Amount of Each Receipt this Period
41.75

Memo Item

C. Dobbs, Lauren, Grace, , PA-C

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

Mailing Address 171 Bearclaw Cir

City Aledo	State TX	Zip Code 76008-1245
---------------	-------------	------------------------

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

Name of Employer (for Individual) UNT HSC PEDIATRICS	Occupation (for Individual) PA
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
417.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : ADC3F828C14AA46D197D

Amount of Each Receipt this Period
41.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.25
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. DORN, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : AFFDEE366FF5C4A4CBB5

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 25 / 2017
Transaction ID : A17BAD4C1BB124014A47

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2017
Transaction ID : A57B0EE615FF54437B52

Amount of Each Receipt this Period 50.00

Memo Item

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 12 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. DORN, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 20 / 2017

Transaction ID : A68FB62A4797248EE966

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 17 / 2017

Transaction ID : A97F6C7D61BF34E909C8

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 29 / 2017

Transaction ID : A0E6B9705AA854F76BB3

Amount of Each Receipt this Period 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Dougherty, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2421 Cumberland St
 City Kalamazoo State MI Zip Code 49006-1378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwestern Michigan Emergency Servc Occupation (for Individual) PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 03 / 2017**
Transaction ID : AE6C2AFA2D978463687A
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Dougherty, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2421 Cumberland St
 City Kalamazoo State MI Zip Code 49006-1378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwestern Michigan Emergency Servc Occupation (for Individual) PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 03 / 2017**
Transaction ID : A8DF4573989B543929B7
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Dougherty, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2421 Cumberland St
 City Kalamazoo State MI Zip Code 49006-1378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwestern Michigan Emergency Servc Occupation (for Individual) PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 03 / 2017**
Transaction ID : ADBE31962C13D4C92982
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Fowler, Tillie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : AA0801CB4CE8F4A329FD
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Fowler, Tillie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2017
Transaction ID : AD103EFFD538C42C89A6
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Fowler, Tillie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017
Transaction ID : AD8B056E052AB412A86F
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Fowler, Tillie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2017
Transaction ID : A7F3C8AC9D0FD4F119DB
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Fowler, Tillie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : A415C730EB9674D5BB4F
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Fowler, Tillie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : A9E0836C9CF7F4B98B50
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Gables, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12701 Mill Glen Ct
 Ste 1300
 City Clifton State VA Zip Code 20124-2040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : AAC9FB5ECFF8749A09D6
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GAHRES, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 20 / 2017**
Transaction ID : A92341A5EB39A4F47BB1
 Amount of Each Receipt this Period 20.00
 Memo Item

C. GAHRES, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : AC4421B0E75F848DCAD7
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. GAHRES, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : A82E41671FCF44025981
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Heuer, William, Tate, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 Suite 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : AE3D5E9B196CE4046A87
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Heuer, William, Tate, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 Suite 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **08 / 25 / 2017**
Transaction ID : AA567EEE0130B4DC383F
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Heuer, William, Tate, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road
Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 09 / 22 / 2017
Transaction ID : A067AC475C1474F668F7

Amount of Each Receipt this Period
 80.00

Memo Item

B. Heuer, William, Tate, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road
Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
 10 / 20 / 2017
Transaction ID : AE9DC38D152E34FD6859

Amount of Each Receipt this Period
 80.00

Memo Item

C. Heuer, William, Tate, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road
Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) VP

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : A08D9667B5AA3423E870

Amount of Each Receipt this Period
 80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Heuer, William, Tate, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 Suite 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : A72C36F48AE5D441B946
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Kinney, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Kinsman ct E
 City Roy State WA Zip Code 98580-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Medical Group Occupation (for Individual) PA-C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : A06D78DC06C9247B4A5C
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kinney, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Kinsman ct E
 City Roy State WA Zip Code 98580-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Medical Group Occupation (for Individual) PA-C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 21 / 2017**
Transaction ID : A7D99AC68B3464306862
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Kinney, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Kinsman ct E
 City Roy State WA Zip Code 98580-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Medical Group Occupation (for Individual) PA-C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 20 / 2017
Transaction ID : ACD0E9D57C44048E899B
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kinney, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Kinsman ct E
 City Roy State WA Zip Code 98580-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Medical Group Occupation (for Individual) PA-C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2017
Transaction ID : AB6255814CD5D4D9AB68
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kinney, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Kinsman ct E
 City Roy State WA Zip Code 98580-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Medical Group Occupation (for Individual) PA-C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : A8F0BDB9432344E54902
 Amount of Each Receipt this Period 50.00
 Memo Item

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 21 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Kinney, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Kinsman ct E
 City Roy State WA Zip Code 98580-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Medical Group Occupation (for Individual) PA-C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 20 / 2017**
Transaction ID : A9E551DB360334972B03
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Manley, Gary, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9336 Sienna Ridge Dr
 City Las Vegas State NV Zip Code 89117-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Family Care Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 08 / 2017**
Transaction ID : A0447540F076A41658FA
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Manley, Gary, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9336 Sienna Ridge Dr
 City Las Vegas State NV Zip Code 89117-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Family Care Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 02 / 2017**
Transaction ID : AD9FBBD93F2C841C7816
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Manley, Gary, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9336 Sienna Ridge Dr

City Las Vegas	State NV	Zip Code 89117-7015
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Nevada Family Care	Occupation (for Individual) Physician Assistant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2017

Transaction ID : A61BEBA5AA1B94BF6BFF

Amount of Each Receipt this Period

100.00

 Memo Item

B. Manley, Gary, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9336 Sienna Ridge Dr

City Las Vegas	State NV	Zip Code 89117-7015
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Nevada Family Care	Occupation (for Individual) Physician Assistant
---	--

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
09 / 10 / 2017

Transaction ID : A92128BE7ACF747BBABF

Amount of Each Receipt this Period

100.00

 Memo Item

C. Manley, Gary, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9336 Sienna Ridge Dr

City Las Vegas	State NV	Zip Code 89117-7015
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Nevada Family Care	Occupation (for Individual) Physician Assistant
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2017

Transaction ID : A59B0C69B4B5C4746A4B

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Manley, Gary, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9336 Sienna Ridge Dr
 City Las Vegas State NV Zip Code 89117-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Family Care Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A3D627FF11AD8491AA5B
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Manley, Gary, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9336 Sienna Ridge Dr
 City Las Vegas State NV Zip Code 89117-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Family Care Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2017
Transaction ID : A52544014A98C42F08E4
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Manley, Gary, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9336 Sienna Ridge Dr
 City Las Vegas State NV Zip Code 89117-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Family Care Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 08 / 2017
Transaction ID : AD1AEB3311C4461280F
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Masters, Vimi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Oates Ln
 City Arlington State TX Zip Code 76006-2696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cure with Care Medical Occupation (for Individual) PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 11 / 27 / 2017
Transaction ID : AB037A2B0FE2747119A5
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. McNamara, Clare, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 842 Lakewood Dr
 City Sunnyvale State CA Zip Code 94089-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 23 / 2017
Transaction ID : AA127DC56B04C400CB57
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Miller, Erika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3205 Grand Ave
 City Des Moines State IA Zip Code 50312-4176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : A8CE05A78F3DD45478F5
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	905.00
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 25 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Miller, Erika, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3205 Grand Ave

City Des Moines	State IA	Zip Code 50312-4176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Physician Assistan	Occupation (for Individual) Staff
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : A5D0F0300C1494E9AA8E

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 3205 Grand Ave

City Des Moines	State IA	Zip Code 50312-4176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Physician Assistan	Occupation (for Individual) Staff
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

Transaction ID : AC0C02785D522426EBD7

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 3205 Grand Ave

City Des Moines	State IA	Zip Code 50312-4176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Physician Assistan	Occupation (for Individual) Staff
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2017

Transaction ID : AD9993134544C40B7A6E

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 26 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Miller, Erika, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3205 Grand Ave

City Des Moines	State IA	Zip Code 50312-4176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Physician Assistan	Occupation (for Individual) Staff
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	17	/	2017

Transaction ID : A952DDD8C529F4F5DB54

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 3205 Grand Ave

City Des Moines	State IA	Zip Code 50312-4176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Physician Assistan	Occupation (for Individual) Staff
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	29	/	2017

Transaction ID : AF4A168566F034EBFB67

Amount of Each Receipt this Period
60.00

Memo Item

C. Mithoefer, James, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Sugar House Ln Stone Farm
Corner Stone Farm

City Manchester Center	State VT	Zip Code 05255-4500
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Dartmouth Hitchcock Medical Center	Occupation (for Individual) PA-C
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2017

Transaction ID : AF2622ADCA487401DB42

Amount of Each Receipt this Period
50.00

Memo Item

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 27 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Mittman, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12334 Laguna Valley Ter

City Boynton Beach	State FL	Zip Code 33473-5059
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Clinician 1	Occupation (for Individual) Medical Publisher
--	--

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
12	/	15	/	2017

Transaction ID : A47DE5CC30DDA4FFB8AC

Amount of Each Receipt this Period
100.00

Memo Item

B. Najera, Deanna, Bridge, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 Steed Ln

City Hanover	State PA	Zip Code 17331-8021
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

Transaction ID : A046414EA5DB1408FAD5

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 8206 Woodland Hills Dr

City Semmes	State AL	Zip Code 36575-7489
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) South Alabama Family Medicine	Occupation (for Individual) PA
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2017

Transaction ID : A846297CD4E6D44659EC

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
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 28 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Pagel, Josanne, K., , MPAS, PA-C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35206 Chestnut Ridge Rd
 City North Ridgeville State OH Zip Code 44039-3916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cleveland Clinic Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 14 / 2017**
Transaction ID : AFBC2DA47FACD4086890
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Parr, Sara, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 NW 44th St
 City Oklahoma City State OK Zip Code 73112-8328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oklahoma Arthritis Center Occupation (for Individual) PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 04 / 2017**
Transaction ID : A9FF6C67533EC46269EC
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PEER, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 20 / 2017**
Transaction ID : AD8F7F9630A024C6B963
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
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 29 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. PEER, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : A503BAFF9163645F1AF6
 Amount of Each Receipt this Period 20.00
 Memo Item

B. PEER, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 29 / 2017
Transaction ID : A7725E55EE2094896BA4
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Salahshor, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 Queen Victoria Ave
 City Jacksonville State FL Zip Code 32259-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Lead PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 07 / 26 / 2017
Transaction ID : AC7E31FCFF285404A816
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 30 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Salahshor, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 Queen Victoria Ave

City Jacksonville	State FL	Zip Code 32259-5900
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Lead PA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2017

Transaction ID : AC0E1271EBDBA4A31958

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 175 Queen Victoria Ave

City Jacksonville	State FL	Zip Code 32259-5900
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Lead PA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

Transaction ID : A7BEF6EE353F24FD4BB1

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 175 Queen Victoria Ave

City Jacksonville	State FL	Zip Code 32259-5900
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Lead PA
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : AFFE0603171A3414CA36

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 31 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Salahshor, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 Queen Victoria Ave

City Jacksonville	State FL	Zip Code 32259-5900
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Lead PA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : A10E38DC52B70470587E

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 175 Queen Victoria Ave

City Jacksonville	State FL	Zip Code 32259-5900
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Lead PA
--	--

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
12	/	28	/	2017

Transaction ID : A15E71618AEA24943961

Amount of Each Receipt this Period
25.00

Memo Item

C. Schneider, Brenda, K., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Jasontown Rd

City Westminster	State MD	Zip Code 21158-3548
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Westminster Dermatology	Occupation (for Individual) PA
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : A2F0ACFA67A3F40B4872

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 32 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Schneider, Brenda, K., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Jasontown Rd

City Westminster	State MD	Zip Code 21158-3548
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Westminster Dermatology	Occupation (for Individual) PA
--	-----------------------------------

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
12	/	15	/	2017

Transaction ID : A8C69F28C6A024265BDB

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 461 Park Ave S
FI 7

City New York	State NY	Zip Code 10016-6822
------------------	-------------	------------------------

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

Name of Employer (for Individual) Park Ave Anesthetic Surgery	Occupation (for Individual) PA
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2017

Transaction ID : A55E4C7322E1F45319E8

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria	State VA	Zip Code 22314-6868
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2017

Transaction ID : A65F0ADCB732E44C0BD2

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
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 33 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Academy of Physician Assistants Political Action Committee (PA PAC)

A. Smith, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) Researcher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 08 / 25 / 2017
Transaction ID : AE2E2A61DB7A745BD902

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) Researcher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 09 / 22 / 2017
Transaction ID : AB64E2C2F830D40BC9B9

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) Researcher

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 10 / 20 / 2017
Transaction ID : A890FBD1E7459414EBA3

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 34 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Academy of Physician Assistants Political Action Committee (PA PAC)

A. Smith, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) Researcher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 17 / 2017
Transaction ID : ADD2D15CAEB494A369DC

Amount of Each Receipt this Period 40.00

Memo Item

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

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer (for Individual) AAPA Occupation (for Individual) Researcher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 29 / 2017
Transaction ID : AAC024A46F8F94065A32

Amount of Each Receipt this Period 60.00

Memo Item

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

Mailing Address 94 Sherman Ave

City Rockville Centre State NY Zip Code 11570-3136

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

Name of Employer (for Individual) Northwell Health Occupation (for Individual) Senior Director PA Services

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2017
Transaction ID : AA4DDC9201051454FA20

Amount of Each Receipt this Period 50.00

Memo Item

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 35 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Sobel, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Sherman Ave
 City Rockville Centre State NY Zip Code 11570-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Senior Director PA Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2017
Transaction ID : A1E2918D8DFDC4E689B6
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sobel, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Sherman Ave
 City Rockville Centre State NY Zip Code 11570-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Senior Director PA Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 27 / 2017
Transaction ID : A2EFCCA835D3747828FC
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sobel, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Sherman Ave
 City Rockville Centre State NY Zip Code 11570-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Senior Director PA Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 27 / 2017
Transaction ID : A7792E0650B0D46D38B7
 Amount of Each Receipt this Period 50.00
 Memo Item

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 36 OF 56
<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 Physician Assistants Political Action Committee (PA PAC)

A. Sobel, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Sherman Ave
 City Rockville Centre State NY Zip Code 11570-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Senior Director PA Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A1E1CCF771A504E23B8B
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sobel, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Sherman Ave
 City Rockville Centre State NY Zip Code 11570-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Senior Director PA Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2017
Transaction ID : ADE692FDD9CAC43E2BDC
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stewart, Christopher, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 City Alexandria State VA Zip Code 22314-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2017
Transaction ID : AC8D50DDA77DC4A0C92A
 Amount of Each Receipt this Period 50.00
 Memo Item

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 37 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Stewart, Christopher, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 City Alexandria State VA Zip Code 22314-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 25 / 2017
Transaction ID : AEB48F6A3D88546E4B77
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Stewart, Christopher, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 City Alexandria State VA Zip Code 22314-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 22 / 2017
Transaction ID : AD3733D0F4BDB488699B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stewart, Christopher, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Mill Road
 City Alexandria State VA Zip Code 22314-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2017
Transaction ID : A20D26F7DF0AE4799B52
 Amount of Each Receipt this Period 50.00
 Memo Item

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 38 OF 56
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Stewart, Christopher, John, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road

City Alexandria	State VA	Zip Code 22314-6833
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : A048FE7A6C5694BB4800

Amount of Each Receipt this Period
50.00

Memo Item

B. Stewart, Christopher, John, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road

City Alexandria	State VA	Zip Code 22314-6833
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : AB226AA2282144B7A82F

Amount of Each Receipt this Period
90.00

Memo Item

c. Thompson, JP, , , PA-C
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave
Dept S-40

City Cleveland	State OH	Zip Code 44195-0001
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) PA
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : ABBBBF8E850D444C87B55

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 39 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Physician Assistants Political Action Committee (PA PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Ward, Monica, Foote, ,

Mailing Address 6335 Palo Pinto Ave

City Dallas State TX Zip Code 75214-3619

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

Name of Employer (for Individual) Baylor Scott & White Occupation (for Individual) PA

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
 10 / 24 / 2017

Transaction ID : AF790C886F83946FEBAB

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	6622.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2017			

FEC Identification Number

C [Redacted]

Transaction ID : B0D4CC2D0f

Amount of Each Disbursement this Period

[Redacted] 14.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2017			

FEC Identification Number

C [Redacted]

Transaction ID : B66F34B22F6

Amount of Each Disbursement this Period

[Redacted] 14.59

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2017			

FEC Identification Number

C [Redacted]

Transaction ID : B19F9008BB

Amount of Each Disbursement this Period

[Redacted] 17.34

Memo Item

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

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

[Redacted] 46.52

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : BEE4F7FF17

Amount of Each Disbursement this Period

[REDACTED] 153.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : BC3BE2F1C4

Amount of Each Disbursement this Period

[REDACTED] 65.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : B5A2981868

Amount of Each Disbursement this Period

[REDACTED] 122.69

Memo Item

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

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

[REDACTED] 341.62

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Mailing Address 600 N Washington St

FEC Identification Number

C []

Transaction ID : BFC816F9A1
Amount of Each Disbursement this Period

[] 371.76

Memo Item

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Bank fees

[]
Category/
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

State: District:

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

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

[] 371.76

[] 759.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. BERGMAN FOR CONGRESS

Mailing Address 3585 BUNKER HILL RD, #434

City Acme State MI Zip Code 49610-5004

Purpose of Disbursement
Re-election 2018

Candidate Name

Bergman, John, W., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

FEC Identification Number

C C00614214

Transaction ID : B8DB931E69

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement
2020

Candidate Name

Cassidy, Bill, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

FEC Identification Number

C C00543983

Transaction ID : B6102D730E1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement
Re-election 2018

Candidate Name

Carter, Buddy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

FEC Identification Number

C C00543967

Transaction ID : BC39D1D55F

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement
Re-election 2018

Candidate Name
Carter, Buddy, , ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2017

FEC Identification Number

C C00543967

Transaction ID : B2B0A3121A
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Re-election 2018

Candidate Name
Carper, Tom, R., ,

Office Sought: House Senate President
State: DE District:

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

FEC Identification Number

C C00349217

Transaction ID : BECB04419C
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Re-election 2018

Candidate Name
Carper, Tom, R., ,

Office Sought: House Senate President
State: DE District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

FEC Identification Number

C C00349217

Transaction ID : B1F3B1DFE4
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
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<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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City
TAMPA

State
FL

Zip Code
33606

Purpose of Disbursement
Re-election 2018

Candidate Name

Castor, Kathy, A., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00410761

Transaction ID : B75A0C664E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City
CLARENCE

State
NY

Zip Code
14031

Purpose of Disbursement
Re-election 2018

Candidate Name

Collins, Chris, C., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			18			2017			

FEC Identification Number

C C00520379

Transaction ID : B14D0B3E7A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
Bangor

State
ME

Zip Code
04402-1096

Purpose of Disbursement
2020

Candidate Name

Collins, Susan, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			01			2017			

FEC Identification Number

C C00314575

Transaction ID : BF9ECE7682

Amount of Each Disbursement this Period

- 1000.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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<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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
Bangor

State
ME

Zip Code
04402-1096

Purpose of Disbursement
2020

Candidate Name

Collins, Susan, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2017			

FEC Identification Number

C C00314575

Transaction ID : B13D26A954I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Re-election 2018

Candidate Name

Feinstein, Dianne, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2017			

FEC Identification Number

C C00539890

Transaction ID : B27A8309FE4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULU

State
HI

Zip Code
96809

Purpose of Disbursement
Re-election 2018

Candidate Name

Hirono, Mazie, K., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2017			

FEC Identification Number

C C00420760

Transaction ID : BCD8476C1C

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement 2022

Candidate Name Toomey, Pat, J., ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C C00461046

Transaction ID : BD660E57FF
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement Re-election 2018

Candidate Name Brown, Sherrod, C., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OH District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2017

FEC Identification Number

C C00264697

Transaction ID : BB6120F3CE
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement 2022

Candidate Name Isakson, Johnny, , ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: GA District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C C00384693

Transaction ID : BD8DF57E9E
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
2022

Candidate Name

Grassley, Chuck, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

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

FEC Identification Number

C C00230482

Transaction ID : B06C9AFC64

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND BLVD

City
KANSAS CITY

State
MO

Zip Code
64108

Purpose of Disbursement
Re-election 2018

Candidate Name

Graves, Sam, B., , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	7		

FEC Identification Number

C C00359034

Transaction ID : BCA67FAC65

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO BOX 371907

City
LAS VEGAS

State
NV

Zip Code
89137

Purpose of Disbursement
Re-election 2018

Candidate Name

Heller, Dean, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	7		

FEC Identification Number

C C00494229

Transaction ID : B43ECC5B81

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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<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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Karen Bass for Congress

Mailing Address 1280 Bison Avenue
Suite B9-585

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Re-election 2018

Candidate Name

Bass, Karen, R., ,

Office Sought: House Senate President
State: CA District: 37

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00476523

Transaction ID : BD BA315EBI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Re-election 2018

Candidate Name

Kind, Ron, J., ,

Office Sought: House Senate President
State: WI District: 03

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2017

FEC Identification Number

C C00312017

Transaction ID : B5 EC60E018I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KUSTER FOR CONGRESS, INC

Mailing Address PO BOX 1498

City Concord State NH Zip Code 03302-1498

Purpose of Disbursement
Re-election 2018

Candidate Name

Kuster, Ann, McLane, ,

Office Sought: House Senate President
State: NH District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C C00462861

Transaction ID : B610D7B25C

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2017

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Re-election 2018

Candidate Name

LONE STAR LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

FEC Identification Number

C C00415208

Transaction ID : BA94B796E4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MANCHIN FOR WEST VIRGINIA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2017

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement
Re-election 2018

Candidate Name

Manchin, Joe, , III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WV District:

FEC Identification Number

C C00486563

Transaction ID : B9BB9AD097

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2017

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Re-election 2018

Candidate Name

Thompson, Mike, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 05

FEC Identification Number

C C00326363

Transaction ID : B89BBCB171

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. PAT ROBERTS FOR US SENATE INC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	7

Mailing Address PO BOX 433

FEC Identification Number

C	C00128876
---	-----------

Transaction ID : BE2F4E9DCE

Amount of Each Disbursement this Period

1000.00

Memo Item

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement 2020

Candidate Name

Roberts, Pat, , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: KS District:

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESS

Date of Disbursement

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

Mailing Address 911 CENTRAL AVENUE

FEC Identification Number

C	C00450049
---	-----------

Transaction ID : B52C05AE32I

Amount of Each Disbursement this Period

1000.00

Memo Item

City ALBANY State NY Zip Code 12206

Purpose of Disbursement Re-election 2018

Candidate Name

Tonko, Paul, D., ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 20

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR DEREK KILMER

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	7

Mailing Address PO BOX 1381

FEC Identification Number

C	C00514893
---	-----------

Transaction ID : B3B358B55C

Amount of Each Disbursement this Period

1000.00

Memo Item

City TACOMA State WA Zip Code 98402

Purpose of Disbursement

Candidate Name

Kilmer, Derek, , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 06

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement
Re-election 2018

Candidate Name
Neal, Richard, E., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2017

FEC Identification Number

C C00226522
Transaction ID : BDE315AF70
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROB WOODALL FOR CONGRESS

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE State GA Zip Code 30046

Purpose of Disbursement
Re-election 2018

Candidate Name
Woodall, Rob, , , III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: GA District: 07

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2017

FEC Identification Number

C C00482307
Transaction ID : BC68779A66f
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROUNDS FOR SENATE

Mailing Address PO BOX 250

City PIERRE State SD Zip Code 57501

Purpose of Disbursement
2020

Candidate Name
Rounds, Mike, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2017

FEC Identification Number

C C00532465
Transaction ID : B9BE5F9337
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSING

State
MI

Zip Code
48826

Purpose of Disbursement
Re-election 2018

Candidate Name

Stabenow, Debbie, A., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C C00344473

Transaction ID : BCBF1FD8A1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM RYAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Re-election 2018

Candidate Name

TEAM RYAN

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2017			

FEC Identification Number

C C00545947

Transaction ID : B2974409A98

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City
ROCHESTER

State
NY

Zip Code
14610

Purpose of Disbursement
Re-election 2018

Candidate Name

Reed, Tom, W., , II

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00464032

Transaction ID : B23AAE9882

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State
IL

Zip Code
62234

Purpose of Disbursement
VOID - 2018 Re-election

Candidate Name

Shimkus, John, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	7

FEC Identification Number

C C00258855

Transaction ID : B7307197496

Amount of Each Disbursement this Period

– 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Mailing Address PO BOX 9551

City
CINCINNATI

State
OH

Zip Code
45209

Purpose of Disbursement
Re-election 2018

Candidate Name

Wenstrup, Brad, R., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 02

Date of Disbursement

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

FEC Identification Number

C C00497818

Transaction ID : B9D72B4C9D

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City
PORTLAND

State
OR

Zip Code
97232

Purpose of Disbursement
2022

Candidate Name

Wyden, Ron, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	7

FEC Identification Number

C C00308676

Transaction ID : BF3C570844

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

500.00

33000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Carabba, Anthony, , ,

Mailing Address 3710 S Johnson St

City
Kennewick

State
WA

Zip Code
99337-2473

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2017			

FEC Identification Number

C

Transaction ID : BC5F210904

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Daruthayan, Constance, , ,

Mailing Address 1540 1/2 Palm Ave SW

City
Seattle

State
WA

Zip Code
98116-1732

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			12			2017			

FEC Identification Number

C

Transaction ID : BDA2C0D2E7

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Heglund, Jennifer, Louise, ,

Mailing Address 435 S Crystal St
Ste 400

City
Butte

State
MT

Zip Code
59701-1506

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			13			2017			

FEC Identification Number

C

Transaction ID : B2A885CE31

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

200.00

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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"/> 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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. Jackson, Jenny, L., , PA-C

Mailing Address 2 Hartland Ave

City
Huntington Station

State
NY

Zip Code
11746-2713

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : BC67EA34C9

Amount of Each Disbursement this Period

[Redacted] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sparks, Lydia, , ,

Mailing Address 320 Channing Way, Apt 132

City
San Rafael

State
CA

Zip Code
94903-2622

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	1	7

FEC Identification Number

C [Redacted]

Transaction ID : B24625375AC

Amount of Each Disbursement this Period

[Redacted] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Yahraus, Dulcy, , ,

Mailing Address 1005 Villagio Cir
Unit 207

City
Sarasota

State
FL

Zip Code
34237-3679

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : B4889B0180

Amount of Each Disbursement this Period

[Redacted] 25.00

Memo Item

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

[Redacted] 160.00

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

[Redacted] 360.00