

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee (FamMedPAC)

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="2026"/>	<input type="text" value=""/>	<input type="text" value="409334.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="360284.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24831.99"/>	<input type="text" value="87510.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="385116.93"/>	<input type="text" value="496844.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49256.98"/>	<input type="text" value="160984.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="335859.95"/>	<input type="text" value="335859.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee (FamMedPAC)

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).....	19507.99	50661.98
(ii) Unitemized	5324.00	36848.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24831.99	87510.19
(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)	24831.99	87510.19
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)).....▶	24831.99	87510.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24831.99	87510.19

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	756.98	1984.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	756.98	1984.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	159000.00
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	0.00	0.00
(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)).....	0.00	0.00
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)) ..	49256.98	160984.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49256.98	160984.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	24831.99	87510.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24831.99	87510.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	756.98	1984.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	756.98	1984.82

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This report is to amend the itemization totals for a contributor whose itemization was incorrect in the original report due to an administrative error.

Form/Schedule:
Transaction ID:

**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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Antell, Karen, J, , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 Hunters Ln

City Glen Mills	State PA	Zip Code 19342-1648
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ChristianaCare	Occupation (for Individual) family physician
-----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2026

Transaction ID : CD7DFCC8-4D91-4DDB-8

Amount of Each Receipt this Period
150.00

Memo Item

B. Baldwin, Jan, Linse, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12084 Lindquist Rd

City Hibbing	State MN	Zip Code 55746-8313
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Assentia Health	Occupation (for Individual) Physician
------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2026

Transaction ID : 16B97191D1AF4814AA23

Amount of Each Receipt this Period
365.00

Memo Item

C. Barbe, David, Orrin, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 W 16th St

City Mountain Grove	State MO	Zip Code 65711-1039
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2026

Transaction ID : 43202FBD-155A-40E6-B

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 8 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bernstein, Kevin, M, , MD, MS, FA

Mailing Address 3018 Pretty Lake Ave

City Norfolk State VA Zip Code 23518-1334

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 04 / 2026
Transaction ID : 6559C1860D694BA2BF39

Amount of Each Receipt this Period
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bourne, Robert, C M, , MD, FAAFP

Mailing Address 1538 Dwight St

City Redlands State CA Zip Code 92373-7013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2026
Transaction ID : EB68AC0B-B439-439C-8

Amount of Each Receipt this Period
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bowshier, Laura, Morgan Carlyle, , MD

Mailing Address 4216 162nd St

City Urbandale State IA Zip Code 50323-2509

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

Name of Employer (for Individual) Mercy Occupation (for Individual) Family Doc

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2026
Transaction ID : DAE126F7-14CF-416C-8

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.33

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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bracks, Jessica, Amanda, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11937 US Highway 271
 City Tyler State TX Zip Code 75708-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health East Texas Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 24 / 2026
Transaction ID : 937A5926-A68D-4D11-A
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Campagnolo, Mary, F, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3242 Route 206 Bldg A Ste A2
 City Bordentown State NJ Zip Code 08505-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtua Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 22 / 2026
Transaction ID : C62CAE4E-1096-42D1-9
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Casablanca, Domenic, Wm, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Old Country Rd
 City Oxford State CT Zip Code 06478-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middlesex Health System Occupation (for Individual) Family Physician Core Faculty
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 09 / 2026
Transaction ID : 42E56B73-92EA-496C-B
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Crawford, Steven, Alan, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 NW 128th Ter
 City Oklahoma City State OK Zip Code 73142-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 03 / 19 / 2026
Transaction ID : AC80C761-BBD9-479B-9
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Davis, Kisha, Nicole, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12342 Fellowship Ln
 City North Potomac State MD Zip Code 20878-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Care; CFAR Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 03 / 27 / 2026
Transaction ID : 4B057384-83F0-4A62-A
 Amount of Each Receipt this Period 50.00
 Memo Item

C. de Klerk, Katharina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Carpenter St
 City Providence State RI Zip Code 02903-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 25 / 2026
Transaction ID : C29652D1-DEE4-4C48-8
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	168.33
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DeSantis, Andrea, M, , DO, FFAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 Lexington Ave
 City Charlotte State NC Zip Code 28203-4835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 24 / 2026
Transaction ID : 2999A412-575B-449C-9
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Duggirala, Amar, V, , DO, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19710 Fisher Ave Ste J
 City Poolesville State MD Zip Code 20837-2098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Poolesville Family Practice, LLC Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 03 / 2026
Transaction ID : 3CEC0A1D-FC51-4C69-B
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Erickson, Rodney, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 Grumann Dr
 City Tomah State WI Zip Code 54660-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2026
Transaction ID : 45847F30BBCB43528B83
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Field, David, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 W Harbor Dr
 City Bismarck State ND Zip Code 58504-8913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2026
Transaction ID : BD3E6E42-F2A0-4072-9
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Fowler, Vickie, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2104 E Charlotte Ct
 City Raleigh State NC Zip Code 27607-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 05 / 2026
Transaction ID : D599AFE0-032C-4DF3-8
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gavin, Andrea, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N6923 Prairie Ridge Ct
 City Sheboygan State WI Zip Code 53083-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Health Care Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 15 / 2026
Transaction ID : A0EEB0AF-67A4-4D9B-A
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Glaser, Josephine, LA, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13861 Manchester Rd
 City Ballwin State MO Zip Code 63011-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dedicated Senior Medical Center Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 24 / 2026
Transaction ID : 39383E4A-DFA9-4B9A-8
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Golden, Kimberly, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Brentwood Dr
 City Pine Bluff State AR Zip Code 71601-5414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mainline Health Systems Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2026
Transaction ID : 2FD6E302-82BD-40B6-9
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gravel, Joseph, W, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 N Lake Dr
 City Milwaukee State WI Zip Code 53211-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2026
Transaction ID : 0D2F9A89-51F7-4734-A
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Grunert, Timothy, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5204 Vidette Meadows Dr
 City Sparks State NV Zip Code 89436-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renown Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 09 / 2026
Transaction ID : 6DAC0709-D662-45FD-9
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hanak, Michael, Anthony, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 S Catherine Ave
 City La Grange State IL Zip Code 60525-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 01 / 2026
Transaction ID : 335D37EE-DF56-43A5-B
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Herber, Matt, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 W 7th St
 City Dell Rapids State SD Zip Code 57022-2115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2026
Transaction ID : 934B1554-7079-4943-A
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Iroku-Malize, Tochi, I L, , MD, MBA, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Main St
 City Islip State NY Zip Code 11751-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Chair Family Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 13 / 2026
Transaction ID : 0B1AE439-2D2C-405F-8
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Johnson, Lent, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2505 Hyacinth Ave
 City Hannibal State MO Zip Code 63401-2274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2026
Transaction ID : E218BD85-FE70-4D27-B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kim, Edmund, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Timothy Dr
 City West Hartford State CT Zip Code 06110-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthOne Physicians Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 03 / 09 / 2026
Transaction ID : CF893AB1-2C51-46B9-8
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	743.33
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lanik, Aaron, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 983075 Nebraska Medical Ctr
 City Omaha State NE Zip Code 68198-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fillmore County Medical Center Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 03 / 24 / 2026
Transaction ID : 9B3BE585-A48B-48F6-B
 Amount of Each Receipt this Period 35.00
 Memo Item

B. LeRoy, Gary, L, MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 434 E 1st St Ste 102
 City Dayton State OH Zip Code 45402-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright State University Occupation (for Individual) Associate Dean
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2026
Transaction ID : BBF67129-743A-4957-B
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lichtenberg, Kate, , DO, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Nirk Ave
 City Kirkwood State MO Zip Code 63122-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anthem Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 20 / 2026
Transaction ID : 323F31F7-C5E2-4870-B
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Liu, Robyn, A, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1604 SE Stark St
 City Portland State OR Zip Code 97214-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health and Science University Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 04 / 2026
Transaction ID : A68A25F8-F31D-44E8-A
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Maher, Katrina, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 E Broadway St
 City Helena State MT Zip Code 59601-4313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Pete_s Hospital Occupation (for Individual) Family medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 12 / 2026
Transaction ID : BDC7A86F-6E0A-4E9C-8
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Martin, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11400 Tomahawk Creek Parkway
 City Leawood State KS Zip Code 66211-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Family Physicians Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2026
Transaction ID : 321F3A83-0D45-42B5-8
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McDaniel, Brian, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1490 Chukar Rdg
 City Palm Harbor State FL Zip Code 34683-6456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2026
Transaction ID : 558D665E-E0DA-4B29-9
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Miller, Joseph, S, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 Sandhills Ct
 City Lincoln State NE Zip Code 68526-6054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Think Whole Person Healthcare Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2026
Transaction ID : 70BFCA86-5FD6-4BAC-A
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Mock, Elisabeth, Fowlie, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Yankee Ave
 City Bangor State ME Zip Code 04401-2762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2026
Transaction ID : 427B9BFA-D43C-49C8-9
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5085.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee (FamMedPAC)

A. Montgomery, Anne, M., MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4323 E 24th Ln
 City Spokane State WA Zip Code 99223-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2026
Transaction ID : F6F7DE55-3988-475E-B
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Nemec, Glenn, George, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17396 River View Ln SE
 City Big Lake State MN Zip Code 55309-4112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 7376718F2C064D068B62
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Oller, Beth, Lawson, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2109 Cove Ct
 City Lawrence State KS Zip Code 66049-7857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : EB975206-4E01-4BE9-A
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	535.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Padden, Maureen, O'Hara, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 E Intendencia St
 City Pensacola State FL Zip Code 32502-6137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aledade Inc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 20 / 2026
Transaction ID : 9804C05A-A0B0-4356-9
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Parker, Monica, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Executive Park Dr NE Ste 273
 City Atlanta State GA Zip Code 30329-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 24 / 2026
Transaction ID : 9BFC0235-E0E7-46EA-8
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Prest, Adebowale, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 Dorchester Ave Ste 1
 City Cambridge State MD Zip Code 21613-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rose Hill Family Physicians Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 05 / 2026
Transaction ID : 882917E7-C548-4653-8
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	395.00
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Quinn, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11400 Tomahawk Creek Parkway
 City Leawood State KS Zip Code 66211-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Family Physicians Occupation (for Individual) Senior Vice President, External Affair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2026
Transaction ID : 632C8136-36ED-46D7-8
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Rich Jr, Robert, "Chuck", , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 10
 City Bladenboro State NC Zip Code 28320-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 10 / 2026
Transaction ID : BBB4E5A2-1D88-471C-A
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Righter, Elisabeth (Lisa), L, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 Park Dr
 City Dayton State OH Zip Code 45410-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 11 / 2026
Transaction ID : DCFF8B3A-0B02-46B0-8
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rosemergey, Beth, E, ,		Date of Receipt
Mailing Address 320 SE Mill Creek Dr		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2026"/>
City Lees Summit	State MO	Zip Code 64063-3604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 0A3B14E2-66F6-4034-8
Name of Employer (for Individual) University Health Primary Care		Occupation (for Individual) Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rowland, Kathleen, , , MD, FAAFP		Date of Receipt
Mailing Address 1108 Jane Ave		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2026"/>
City Naperville	State IL	Zip Code 60540-5619
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A5A1F1D6-2251-4212-B
Name of Employer (for Individual) Rush Copley		Occupation (for Individual) Family physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Amount of Each Receipt this Period <input type="text" value="365.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sams, Sarah, L, , MD, FAAFP		Date of Receipt
Mailing Address 4094 Bryant Park Dr		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2026"/>
City Dublin	State OH	Zip Code 43016-7247
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 5EE40F61-953B-4EFA-B
Name of Employer (for Individual) Ohio Health		Occupation (for Individual) Family Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="965.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Satchell, Michael, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Oakland Crossing Dr
 City Leesburg State GA Zip Code 31763-7228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Associates of Albany Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 05 / 2026
Transaction ID : 199878D0-D864-4396-B
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Scurria, M Sandra, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1606 Marshall St
 City Houston State TX Zip Code 77006-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2026
Transaction ID : 3E26C392-43EF-4ADF-9
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Seidel, Ramona, G, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Arundel Pl
 City Annapolis State MD Zip Code 21401-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bay Crossing Family Medicine Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 01 / 2026
Transaction ID : 001EE8F4-13D6-47B6-8
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee (FamMedPAC)

A. Shenko, Christina, Angela, , MD, FAAFP

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

Mailing Address 55 Old Oak Rd

City West Hartford	State CT	Zip Code 06117-1851
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2026

Transaction ID : D0FFE349-9794-475C-B

Amount of Each Receipt this Period
100.00

Memo Item

B. Simmons, Martha, Ayre, , MD, FAAFP

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

Mailing Address 1704 Tulip St

City Philadelphia	State PA	Zip Code 19125-2427
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Einstein medical center Philadelphia	Occupation (for Individual) Physician
---------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2026

Transaction ID : 39DB4158-E7D0-4686-A

Amount of Each Receipt this Period
35.00

Memo Item

C. Solomon, Gil, , , MD, MPH, F

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

Mailing Address 24508 Indian Hill Ln

City West Hills	State CA	Zip Code 91307-3832
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Family Physician
--------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2026

Transaction ID : DF777BC627CC48069E45

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stream, Glen, R, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4323 E 24th Ln

City Spokane	State WA	Zip Code 99223-5511
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2026

Transaction ID : 944DBF2B-3F3A-4B90-8

Amount of Each Receipt this Period
85.00

Memo Item

B. Swee, David, Ethan, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Lareine Ave

City Bradley Beach	State NJ	Zip Code 07720-1342
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Rutgers Robert Wood Johnson Medical Sc	Occupation (for Individual) Family Physician
-----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2026

Transaction ID : 05E7209F-4CA0-4D6B-8

Amount of Each Receipt this Period
208.00

Memo Item

C. Tanner, Tina, Louise, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1577 E Harbour Towne Cir

City Muskegon	State MI	Zip Code 49441-6408
------------------	-------------	------------------------

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

Name of Employer (for Individual) Trinity Health Michigan	Occupation (for Individual) physician
--------------------------------------------------------------	------------------------------------------

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
03	/	09	/	2026

Transaction ID : 9FA61815-5E4B-4EFC-9

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	393.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Thompson, Ryan, Stewart, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 401
 City Murphys State CA Zip Code 95247-0401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2026
Transaction ID : 972D49FFED0745AEB1F2
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Tjaden, Kimberly, L, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 33rd St S
 City Saint Cloud State MN Zip Code 56301-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Cloud Medical Center Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2026
Transaction ID : 5CE6A9BE-60FD-4829-A
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Walters, Daniel, A, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2304 E County Road 950 N
 City Seymour State IN Zip Code 47274-8155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caring Family Physicians Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2026
Transaction ID : 5CAC110906E34852AB67
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3365.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee (FamMedPAC)

A. Walters, Daniel, A, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2304 E County Road 950 N
 City Seymour State IN Zip Code 47274-8155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caring Family Physicians Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt 03 / 31 / 2026
Transaction ID : C84F12FC2945446B8417
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Weide, Lori, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44683 Charnwood Dr
 City Plymouth State MI Zip Code 48170-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 26 / 2026
Transaction ID : 1190C4EE-4453-4A3E-B
 Amount of Each Receipt this Period 85.00
 Memo Item

C. White, Thomas, Rhyne, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1088
 City Cherryville State NC Zip Code 28021-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hometown Direct Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2026
Transaction ID : B295661C-C98B-4E3C-A
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	835.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Family Physicians Political Action Committee (FamMedPAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilkins, Ngozi, Ada, ,

Mailing Address 201 Bjc Saint Peters Dr
Ste 200

City Saint Peters State MO Zip Code 63376-3386

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2026

Transaction ID : 7DEC3222-5C92-4ED0-B

Amount of Each Receipt this Period
85.00

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	19507.99

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 Family Physicians Political Action Committee (FamMedPAC)

Full Name (Last, First, Middle Initial)

A. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City
San Francisco

State
DC

Zip Code
94107

Purpose of Disbursement
Bankcard Processing Fees

001

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

FEC Identification Number

C []

Transaction ID : M9F16F55C1

Amount of Each Disbursement this Period

7	5	1	.	3	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

--	--	--	--	--	--

Memo Item

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

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

7	5	1	.	3	0
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7	5	1	.	3	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee (FamMedPAC)

Full Name (Last, First, Middle Initial)

A. Bringing Republican Excellence to Town PAC

Mailing Address PO Box 22401

City
Louisville

State
KY

Zip Code
40252-0401

Purpose of Disbursement
2026 Contribution

011

Candidate Name

Bringing Republican Excellence to Town PAC

Office Sought:
 House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2026

FEC Identification Number

C00483487

Transaction ID : B5E0F1728B1

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capito For West Virginia

Mailing Address PO Box 11519

City
Charleston

State
WV

Zip Code
25339-1519

Purpose of Disbursement
2026 Primary

011

Candidate Name

Capito, Shelley, Moore, ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: WV District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2026

FEC Identification Number

C00539825

Transaction ID : C755BB52B9:

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Boyle

Mailing Address 1701 16th St NW
Apt 121

City
Washington

State
DC

Zip Code
20009-3110

Purpose of Disbursement
2026 Primary

011

Candidate Name

Boyle, Brendan, , ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: PA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2026

FEC Identification Number

C00543363

Transaction ID : A731223F8B

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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 Family Physicians Political Action Committee (FamMedPAC)

Full Name (Last, First, Middle Initial)

A. DCCC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	2	6

Mailing Address 430 S Capitol St SE
FI 2

City
Washington

State
DC

Zip Code
20003-4024

FEC Identification Number

C C00000935

Transaction ID : 1849CB31A8I

Amount of Each Disbursement this Period

15000.00

Memo Item

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

DCCC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Contribution

State:

District:

Full Name (Last, First, Middle Initial)

B. DSCC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

Mailing Address 120 Maryland Ave NE

City
Washington

State
DC

Zip Code
20002-5610

FEC Identification Number

C C00042366

Transaction ID : 470649D4507I

Amount of Each Disbursement this Period

10000.00

Memo Item

Purpose of Disbursement
2026 Contribution

011

Category/
Type

Candidate Name

DSCC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Contribution

State:

District:

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	2	6

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702-1324

FEC Identification Number

C C00541862

Transaction ID : 8F6E91D9AC

Amount of Each Disbursement this Period

3000.00

Memo Item

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Smith, Jason, , ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Contribution

State: MO

District: 08

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

28000.00

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 Family Physicians Political Action Committee (FamMedPAC)

Full Name (Last, First, Middle Initial)

A. Johnny O For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	2		2	0	2	6		

Mailing Address 711 W 40th St
Ste 330

City Baltimore State MD Zip Code 21211-2142

FEC Identification Number

C C00867747

Transaction ID : B1043FD7BD

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2026 Primary

011
Category/
Type

Candidate Name

Olszewski, Johnny, , , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MD District: 02

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	2		2	0	2	6		

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

City Washington State DC Zip Code 20003-7508

FEC Identification Number

C C00541888

Transaction ID : BB516A2DA9

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement
2026 General

011
Category/
Type

Candidate Name

Clark, Katherine, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MA District: 05

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	9		2	0	2	6		

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126-1172

FEC Identification Number

C C00330142

Transaction ID : 79159602EC

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2026 Primary

011
Category/
Type

Candidate Name

Larson, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CT District: 01

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

7000.00

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 Family Physicians Political Action Committee (FamMedPAC)

Full Name (Last, First, Middle Initial)

A. Maxine For Congress

Mailing Address PO Box 12209

City
Portland

State
OR

Zip Code
97212-0209

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Dexter, Maxine, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2026

FEC Identification Number

C C00859108

Transaction ID : DEE0125E01!

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stand With Sanchez

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883-3142

Purpose of Disbursement
2026 General

011

Category/
Type

Candidate Name

Sanchez, Linda, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2026

FEC Identification Number

C C00384057

Transaction ID : B1E558F3647

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

48500.00