

**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"/>		409334.58
(b) Cash on Hand at Beginning of Reporting Period.....	335859.95	
(c) Total Receipts (from Line 19)	22035.32	109545.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	357895.27	518880.09
7. Total Disbursements (from Line 31).....	2257.34	163242.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	355637.93	355637.93
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 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).....	16988.99	67650.97
(ii) Unitemized	5046.33	41894.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22035.32	109545.51
(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)	22035.32	109545.51
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)).....▶	22035.32	109545.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22035.32	109545.51

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	757.34	2742.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	757.34	2742.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	160500.00
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)) ..	2257.34	163242.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2257.34	163242.16

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)	22035.32	109545.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22035.32	109545.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	757.34	2742.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	757.34	2742.16

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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Suzanne, M, , MD, MPH, F

Mailing Address 2889 S Swallowtail Ln

City Boise	State ID	Zip Code 83706-6139
---------------	----------	------------------------

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

Name of Employer (for Individual) University of Washington School of Med	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2026

Transaction ID : 07609968EBB3494E8EBF

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allmon, Brent, Michael, , MD, FAAFP

Mailing Address 4185 Technology Forest Blvd Ste 21

City The Woodlands	State TX	Zip Code 77381-2006
-----------------------	-------------	------------------------

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 ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2026

Transaction ID : 17F298CA-4FBE-4E96-9

Amount of Each Receipt this Period
365.00

Memo Item

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

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2026

Transaction ID : C12695E9-5195-418F-8

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1515.00
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 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	<input type="checkbox"/> 17

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

A. 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 ▼ 340.00

Date of Receipt **04 / 17 / 2026**
Transaction ID : DC4B91F4-A8D1-467D-B
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bernstein, Kevin, M, , MD, MS, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 333.32

Date of Receipt **04 / 01 / 2026**
Transaction ID : CA323D8CA01F49F68034
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Boggiano, Victoria, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Broomsedge Way
 City Durham State NC Zip Code 27712-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Family Medicine Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt **04 / 21 / 2026**
Transaction ID : C84E9D3B-5CD1-437E-9
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.33
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 8 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. Bourne, Robert, C M, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 340.00

Date of Receipt 04 / 23 / 2026
Transaction ID : 47F8CEC0-D6EC-45EE-B
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bowshier, Laura, Morgan Carlyle, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 340.00

Date of Receipt 04 / 09 / 2026
Transaction ID : BDA19BDF-9A57-4D7A-8
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 340.00

Date of Receipt 04 / 24 / 2026
Transaction ID : EBBB6760-B0F8-4EF4-9
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 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. Brilliant, Rachele, Idena, , DO, FFAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Widgeon Way
 City Waterford State NY Zip Code 12188-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Care Physicians Occupation (for Individual) Physicians
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 13 / 2026**
Transaction ID : CBED92C3-EC6F-4B04-9
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Brull, Jennifer, L, , MD, FFAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 E Elizabeth St
 City Fort Collins State CO Zip Code 80524-3802
 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 **500.00**

Date of Receipt **04 / 25 / 2026**
Transaction ID : 38FEA390-2518-443C-9
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. 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 **840.00**

Date of Receipt **04 / 22 / 2026**
Transaction ID : 31E849C7-BC09-48B6-9
 Amount of Each Receipt this Period **210.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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"/> 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. Campbell, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Pickens St
 City Wenatchee State WA Zip Code 98801-6381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sef Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2026
Transaction ID : 7CA1EEC2-4881-4A22-9
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 340.00

Date of Receipt 04 / 09 / 2026
Transaction ID : EAA985D1-A309-4B1C-8
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Colson, Loren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 N Mobley Dr
 City Boise State ID Zip Code 83712-8137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's Health Partner Occupation (for Individual) Faculty Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 20 / 2026
Transaction ID : CBC8FB1B-976D-4349-8
 Amount of Each Receipt this Period 45.00
 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 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. 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 ▼ 416.65

Date of Receipt 04 / 19 / 2026
Transaction ID : 3000C74A-1695-4115-8
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Cupstid, Henry, Griffin, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Cypress Creek Dr
 City Spartanburg State SC Zip Code 29307-2608
 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 ▼ 365.00

Date of Receipt 04 / 11 / 2026
Transaction ID : 76D4B90F-59BF-40FB-8
 Amount of Each Receipt this Period 365.00
 Memo Item

C. 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 ▼ 324.00

Date of Receipt 04 / 10 / 2026
Transaction ID : DDAF94A45E0F4F5EA2F8
 Amount of Each Receipt this Period 31.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	479.33
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 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. 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 ▼ 324.00

Date of Receipt **04 / 27 / 2026**
Transaction ID : 4AD9A37F-02C6-4CD6-9
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Davis, Matthew, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1228
 City Lewisburg State WV Zip Code 24901-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVU Medicine Occupation (for Individual) Emergency Medicine Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 23 / 2026**
Transaction ID : 80EFC9C15F8448169DC5
 Amount of Each Receipt this Period 2500.00
 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 ▼ 240.00

Date of Receipt **04 / 25 / 2026**
Transaction ID : B628893A-C064-44C1-B
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2585.00
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"/> 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. Dean, Thomas, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 335
 City Wessington Springs State SD Zip Code 57382-0335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horizon Health Care Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2026
Transaction ID : BC878E73C8704097A3BF
 Amount of Each Receipt this Period 500.00
 Memo Item

B. DeSantis, Andrea, M, , DO, FAAFP
 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 ▼ 750.00

Date of Receipt 04 / 22 / 2026
Transaction ID : 9CD5B866-37E5-4EC4-B
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DeSantis, Andrea, M, , DO, FAAFP
 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 ▼ 750.00

Date of Receipt 04 / 24 / 2026
Transaction ID : 64AE34BE-9981-48E7-8
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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. Dowler, Shannon, Brown, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 Wilds Br
 City Marshall State NC Zip Code 28753-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mission Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 24 / 2026
Transaction ID : B0DEC7B0-7223-41B9-B
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Drake, Daniel, Anthony, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 S Lackie Rd
 City Bad Axe State MI Zip Code 48413-9740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scheurer Primary Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 23 / 2026
Transaction ID : D89F24F1-04C0-4B7F-9
 Amount of Each Receipt this Period 210.00
 Memo Item

C. 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 ▼ 340.00

Date of Receipt 04 / 04 / 2026
Transaction ID : 7A5C9708-20AC-42FC-A
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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"/> 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. 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 ▼ 340.00

Date of Receipt 04 / 05 / 2026
Transaction ID : 38310636-AD35-4BE1-9
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Franklin, Rachel, M, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 NE 10th St
 City Oklahoma City State OK Zip Code 73104-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma College of Medi Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 04 / 24 / 2026
Transaction ID : 3F00E476-BE41-4C09-B
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Gersch, Daron, W, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17987 County Road 9
 City Avon State MN Zip Code 56310-8624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CentraCare Long Prairie Hospital Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2026
Transaction ID : 34E4176A-45C7-4AE2-8
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	630.00
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 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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2026

Transaction ID : 0CBA7243-37AF-478F-9

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
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2026

Transaction ID : 15065854-C232-49DA-9

Amount of Each Receipt this Period
100.00

Memo Item

C. 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
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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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2026

Transaction ID : 30D59A9B-60A9-447D-9

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
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"/> 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. Hawkins, Clare, Arnot, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6121 Annapolis St
 City Houston State TX Zip Code 77005-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aspire Healthcare Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 21 / 2026
Transaction ID : 3263FE45-D156-412D-B
 Amount of Each Receipt this Period 365.00
 Memo Item

B. 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 ▼ 833.32

Date of Receipt 04 / 13 / 2026
Transaction ID : 1C077C02-30BF-4A83-B
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Jordan, Beverly, Flowers, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E Brunson St Ste 200
 City Enterprise State AL Zip Code 36330-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Professional Medical Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 10 / 2026
Transaction ID : 706BBF54-65CD-4FF1-B
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	938.33
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 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. Josefski, Mark, A, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 79
 City Port Ewen State NY Zip Code 12466-0079
 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 **04 / 18 / 2026**
Transaction ID : 25DC5556-4B86-41A7-9
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Keber, Barbara, A, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Saint Andrews Ln
 City Glen Cove State NY Zip Code 11542-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **04 / 23 / 2026**
Transaction ID : E3C9EB73-FA8C-4A20-A
 Amount of Each Receipt this Period **1250.00**
 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 **640.00**

Date of Receipt **04 / 09 / 2026**
Transaction ID : AF5BB1CC-B407-447C-8
 Amount of Each Receipt this Period **35.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1535.00
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"/> 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. 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 ▼ 640.00

Date of Receipt 04 / 23 / 2026
Transaction ID : 7798B072-11A3-4180-8
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kobler, William, Eric, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6729 Millbrook Dr
 City Rockford State IL Zip Code 61108-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 12 / 2026
Transaction ID : 62E59074-D50C-461B-B
 Amount of Each Receipt this Period 365.00
 Memo Item

C. 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 ▼ 505.00

Date of Receipt 04 / 24 / 2026
Transaction ID : FC597495-7387-495A-B
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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"/> 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. Lewis, Daniel, Scott, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Tusculum Blvd

City Greeneville	State TN	Zip Code 37745-4279
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2026

Transaction ID : 8BF6DC9B-3596-41F5-8

Amount of Each Receipt this Period
125.00

Memo Item

B. Lewis, Daniel, Scott, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Tusculum Blvd

City Greeneville	State TN	Zip Code 37745-4279
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2026

Transaction ID : 964FD60D61144860A26D

Amount of Each Receipt this Period
500.00

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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2026

Transaction ID : DAF475FF-10A0-49F2-8

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
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"/> 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 ▼ 340.00

Date of Receipt 04 / 04 / 2026
Transaction ID : C4ED80C6-7669-4A0F-9
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Martin, Kevin, B, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Edgemont Loop
 City Ellensburg State WA Zip Code 98926-5259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kittitas Valley Healthcare Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 28 / 2026
Transaction ID : 2026050410422-2
 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 ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : 1CAE17DF-E36B-4242-A
 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 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)

A. 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 ▼ 340.00

Date of Receipt 04 / 20 / 2026
Transaction ID : D4F9E218-21AE-4749-A
 Amount of Each Receipt this Period 85.00
 Memo Item

B. 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 ▼ 340.00

Date of Receipt 04 / 02 / 2026
Transaction ID : 54BF4B57-FE98-415D-B
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Mueller, Kathleen, Nugent, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Riverview Ter
 City Windsor State CT Zip Code 06095-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trinity Health of New England Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 04 / 22 / 2026
Transaction ID : 8774EE8D-6DC5-4731-B
 Amount of Each Receipt this Period 30.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 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. Neale, Shannon, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6600 Excelsior Blvd
Ste 160

City Minneapolis State MN Zip Code 55426-4713

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

Name of Employer (for Individual) Park Nicollet Clinic Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 21 / 2026
Transaction ID : AD1022AB-B156-44A8-B

Amount of Each Receipt this Period 365.00

Memo Item

B. Oller, Beth, Lawson, , MD, FAAFP
 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 ▼ 440.00

Date of Receipt 04 / 25 / 2026
Transaction ID : B1AC735A-682C-4B01-8

Amount of Each Receipt this Period 85.00

Memo Item

C. 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 ▼ 340.00

Date of Receipt 04 / 20 / 2026
Transaction ID : 9FE8BF44-1EA2-4DBC-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 24 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. 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 ▼ 435.00

Date of Receipt 04 / 24 / 2026
Transaction ID : F77CFB97-4354-4D20-A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Phillips, Kami, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Fieldstone Dr
 City Gardner State MA Zip Code 01440-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chair City Family Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 19 / 2026
Transaction ID : D6604733-BEDE-4F06-9
 Amount of Each Receipt this Period 250.00
 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 ▼ 840.00

Date of Receipt 04 / 05 / 2026
Transaction ID : 5F51CA69-65EF-4B4B-9
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
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"/> 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. 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 ▼ 340.00

Date of Receipt 04 / 25 / 2026
Transaction ID : 51929BE9-275B-4308-A
 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 ▼ 840.00

Date of Receipt 04 / 10 / 2026
Transaction ID : D55C7BCD-81D5-4BA6-9
 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 ▼ 340.00

Date of Receipt 04 / 11 / 2026
Transaction ID : 94C71812-8A30-401B-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 26 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. Sams, Sarah, L, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4094 Bryant Park Dr

City Dublin	State OH	Zip Code 43016-7247
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2026

Transaction ID : B61900DB-5BD9-4F27-8

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2026

Transaction ID : F96420D4-C033-4AD0-8

Amount of Each Receipt this Period
85.00

Memo Item

C. Schwartzstein, Alan, I, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 753 N Main St

City Oregon	State WI	Zip Code 53575-1003
----------------	-------------	------------------------

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

Name of Employer (for Individual) SSM Health Dean Medical Group	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2026

Transaction ID : 94227D38-4125-411F-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 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. 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
 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 ▼ 400.00

Date of Receipt 04 / 15 / 2026
Transaction ID : E1B6E20A-F6F6-4482-A
 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
 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 ▼ 240.00

Date of Receipt 04 / 04 / 2026
Transaction ID : 299E955F-5E2C-4B5B-8
 Amount of Each Receipt this Period 35.00
 Memo Item

C. 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 ▼ 340.00

Date of Receipt 04 / 02 / 2026
Transaction ID : 93677BDE-81D5-4841-9
 Amount of Each Receipt this Period 85.00
 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 28 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. 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 ▼ 832.00

Date of Receipt 04 / 27 / 2026
Transaction ID : DC5ADAE4-6411-4532-A
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 ▼ 400.00

Date of Receipt 04 / 09 / 2026
Transaction ID : 6A903D6B-543A-494F-B
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Van Winkle, Lloyd, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6502 Pemwoods
 City San Antonio State TX Zip Code 78240-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina Valley Family Practice Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2026
Transaction ID : 59DBE37C-285B-429B-8
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.00
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 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. Vargas, Alan-Michael, , , MD, FAAFP

Mailing Address 243 Crescent Ln

City Glenwood Springs	State CO	Zip Code 81601-9405
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Grand River 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
04	/	23	/	2026

Transaction ID : 23688DB2-42C2-4D5A-9

Amount of Each Receipt this Period
365.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Weide, Lori, Kay, , MD

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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2026

Transaction ID : EB1B7CB0-481C-4553-9

Amount of Each Receipt this Period
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wheat, Santina, , , MD, MPH, F

Mailing Address 4443 N Albany Ave

City Chicago	State IL	Zip Code 60625-4501
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2026

Transaction ID : 88CB3752-0850-44B4-A

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
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 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 ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2026

Transaction ID : **B215C8E1-21E3-47D8-9**

Amount of Each Receipt this Period
85.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yu, Kim, K, , MD, FAAFP

Mailing Address 28225 Driza

City Mission Viejo State CA Zip Code 92692-1305

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
 04 / 24 / 2026

Transaction ID : **74423045FF054749A1DA**

Amount of Each Receipt this Period
365.00

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).....	450.00
TOTAL This Period (last page this line number only).....	16988.99

**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 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. Joe Neguse For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2026

Mailing Address PO Box 7142

City
Boulder

State
CO

Zip Code
80306-7142

FEC Identification Number

C	C00648253
---	-----------

Transaction ID : 89321A40D5E

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Purpose of Disbursement

2026 Primary

011

Candidate Name

Neguse, Joe, . .

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: CO

District: 02

Full Name (Last, First, Middle Initial)

B. LaHood for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2026

Mailing Address PO Box 10735

City
Peoria

State
IL

Zip Code
61612-0735

FEC Identification Number

C	C00575050
---	-----------

Transaction ID : C85BE475E4/

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

2026 General

011

Candidate Name

LaHood, Darin, . .

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: IL

District: 16

Full Name (Last, First, Middle Initial)

C. Shore PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2026

Mailing Address PO Box 3157

City
Long Branch

State
NJ

Zip Code
07740-3157

FEC Identification Number

C	C00410308
---	-----------

Transaction ID : A7064DAAE1

Amount of Each Disbursement this Period

- 5000.00

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For: 2025

Primary General
 Other (specify) ▼

State:

District:

Contribution

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

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

- 5000.00

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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 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. Terri Sewell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2026

Mailing Address PO Box 1964

City
Birmingham

State
AL

Zip Code
35201-1964

FEC Identification Number

C C00458976

Transaction ID : 54B7D42416C

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
2026 Primary

011
Category/ Type

Candidate Name

Sewell, Terri, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: AL District: 07

Memo Item

Full Name (Last, First, Middle Initial)

B. The Madison PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2026

Mailing Address 235 State St
Apt 206

City
Springfield

State
MA

Zip Code
01103-1741

FEC Identification Number

C C00426809

Transaction ID : 2285E3697FE

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2026 Contribution

011
Category/ Type

Candidate Name

The Madison PAC

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Contribution

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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

6500.00
1500.00