

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00122499 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Jennifer L. Dorn

Signature of Treasurer Jennifer L. Dorn [Electronically Filed] Date 01 / 15 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="89269.15"/>	<input type="text" value="89269.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="108416.82"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5380.44"/>	<input type="text" value="48310.42"/>
(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="113797.26"/>	<input type="text" value="137579.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12164.92"/>	<input type="text" value="35947.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101632.34"/>	<input type="text" value="101632.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	788.44	9738.44
(ii) Unitemized .....	4592.00	38571.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5380.44	48310.42
(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) .....	5380.44	48310.42
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))..... ▶	5380.44	48310.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5380.44	48310.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	164.92	1447.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	164.92	1447.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	34500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12164.92	35947.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12164.92	35947.23

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5380.44	48310.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5380.44	48310.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	164.92	1447.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	164.92	1447.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Physician Assistants Political Action Committee (PA PAC)**

**A. Kristin Butterfield-Vickery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Suite 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Staff  
 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  
 10 / 31 / 2015  
**Transaction ID : C3191405**  
 Amount of Each Receipt this Period  
 31.00

**B. Kristin Butterfield-Vickery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Suite 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Staff  
 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  
 11 / 19 / 2015  
**Transaction ID : C3195627**  
 Amount of Each Receipt this Period  
 31.00

**C. Kristin Butterfield-Vickery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Suite 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Staff  
 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  
 12 / 18 / 2015  
**Transaction ID : C3217875**  
 Amount of Each Receipt this Period  
 31.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	93.00
<b>TOTAL</b> 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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jennifer Dorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Ste 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation CEO  
 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  
 10 / 31 / 2015  
**Transaction ID : C3191397**  
 Amount of Each Receipt this Period  
 50.00

**B. Jennifer Dorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Ste 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation CEO  
 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  
 11 / 19 / 2015  
**Transaction ID : C3195618**  
 Amount of Each Receipt this Period  
 50.00

**C. Jennifer Dorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Ste 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation CEO  
 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  
 12 / 18 / 2015  
**Transaction ID : C3217458**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : C3191410**  
 Amount of Each Receipt this Period  
 40.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C3195633**  
 Amount of Each Receipt this Period  
 40.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218287**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sandra (Sandy) Harding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd  
 Ste 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : C3191404**  
 Amount of Each Receipt this Period  
 38.48

**B. Sandra (Sandy) Harding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd  
 Ste 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C3195626**  
 Amount of Each Receipt this Period  
 38.48

**C. Sandra (Sandy) Harding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd  
 Ste 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3234823**  
 Amount of Each Receipt this Period  
 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.44  
**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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Erin Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Suite 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : C3191402**  
 Amount of Each Receipt this Period 50.00

**B. Erin Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Suite 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 19 / 2015  
**Transaction ID : C3195623**  
 Amount of Each Receipt this Period 50.00

**C. Erin Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2318 Mill Rd Suite 1300  
 City Alexandria State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Physician Assistan Occupation Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : C3217517**  
 Amount of Each Receipt this Period 50.00

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

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

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

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

**A. Erika Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : C3191413**

Amount of Each Receipt this Period  
 40.00

**B. Erika Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C3195634**

Amount of Each Receipt this Period  
 40.00

**C. Erika Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218288**

Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 12 OF 17  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Physician Assistants Political Action Committee (PA PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**JP Thompson PA-C**

Mailing Address 28821 Chardon Rd

City Willoughby Hills State OH Zip Code 44092-2613

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

Name of Employer Cleveland Clinic Foundation Occupation PA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : C3231536**

Amount of Each Receipt this Period  
**40.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>788.44</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : D170404**

Amount of Each Disbursement this Period

54.96
-------

**B. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : D170405**

Amount of Each Disbursement this Period

54.93
-------

**C. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : D170406**

Amount of Each Disbursement this Period

55.03
-------

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

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

164.92
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164.92
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name  
**Rep. Frank Pallone Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : D170399

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO BOX 21786

City State Zip Code  
SEATTLE WA 98111

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name  
**Rep. Jim McDermott**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : D170389

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City State Zip Code  
Unionville PA 19375

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name  
**Rep. Joe Pitts**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : D170390

Amount of Each Disbursement this Period

1000.00
---------

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

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

3500.00
---------

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DOLD FOR CONGRESS**

Mailing Address PO BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name

**Rep. Robert J. Dold**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : D170392**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SCHATZ FOR SENATE**

Mailing Address PO BOX 3828

City HONOLULU State HI Zip Code 96812

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name

**Sen. Brian Schatz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**Transaction ID : D170400**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name

**Sen. John Boozman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

**Transaction ID : D170398**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City: CODY State: WY Zip Code: 82414

Purpose of Disbursement: Primary 2016 re-election

Candidate Name

**Sen. Michael B. Enzi**

Office Sought:  House  Senate  President

State: WY District: 00

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : D170401

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City: SEATTLE State: WA Zip Code: 98124

Purpose of Disbursement: Primary 2016 re-election

Candidate Name

**Sen. Patty Murray**

Office Sought:  House  Senate  President

State: WA District: 00

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : D170393

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CARPER FOR SENATE**

Mailing Address PO BOX 2882

City: WILMINGTON State: DE Zip Code: 19805

Purpose of Disbursement: Primary 2016 re-election

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:  House  Senate  President

State: DE District: 00

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : D170394

Amount of Each Disbursement this Period

1000.00

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Team Ryan**

Mailing Address PO Box 4418

City Atlanta State GA Zip Code 30302-4418

Purpose of Disbursement  
Primary 2016 re-election

Candidate Name

**Paul Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

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

**Transaction ID : D170455**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0					
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Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Category/  
Type

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

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

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

1	2	0	0	.	0	0					
---	---	---	---	---	---	---	--	--	--	--	--