

# 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 Family Physicians Political Action Committee

ADDRESS (number and street) 1133 Connecticut Avenue, NW  
Suite 1100  
Washington DC 20036  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00411553 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [05] / [01] / [2018] through [05] / [31] / [2018]

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

Signature of Treasurer *Cribben, Mark, V, ,* [Electronically Filed] Date [06] / [15] / [2018]

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		477016.76
(b) Cash on Hand at Beginning of Reporting Period.....	505245.48	
(c) Total Receipts (from Line 19) .....	53973.72	280252.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	559219.20	757269.28
7. Total Disbursements (from Line 31).....	16763.33	214813.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	542455.87	542455.87
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 05 / 01 / 2018 To: 05 / 31 / 2018

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).....	40307.90	174564.72
(ii) Unitemized .....	12686.39	96153.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	52994.29	270718.42
(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) .....	52994.29	270718.42
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).....	979.43	4534.10
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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)).....▶	53973.72	280252.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53973.72	280252.52

**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 .....	763.33	4813.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	763.33	4813.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	210000.00
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)) ..	16763.33	214813.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16763.33	214813.41

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	52994.29	270718.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52994.29	270718.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	763.33	4813.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	979.43	4534.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 216.10	279.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Alexander, Christienne, P, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 328 De Soto St  
 City Tallahassee State FL Zip Code 32303-5628  
 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 05 / 22 / 2018  
**Transaction ID : C3720678**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Allen, Suzanne, M, , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 05 / 24 / 2018  
**Transaction ID : C3720717**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Anderson, Julie, Kay, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 33Rd St S  
 City Saint Cloud State MN Zip Code 56301-9668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simplicity Health Occupation (for Individual) Family Physician/Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : C3719459**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2365.00
<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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ashkenase, Lindsay, Burke, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 Foulk Rd Ste 100B  
 City Wilmington State DE Zip Code 19803-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720687**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Bartos, Justin, V, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 City Point Dr Ste 201 Ste 201  
 City North Richland Hills State TX Zip Code 76180-8380  
 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 ▼ 250.00

Date of Receipt 05 / 19 / 2018  
**Transaction ID : C3719344**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Batish, Sanjay, Batish Md, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 837  
 City Leland State NC Zip Code 28451-0837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Batish Medical Services Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2018  
**Transaction ID : C3719355**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	515.00
<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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Bender, John, L, , MD, MBA, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4674 Snow Mesa Dr Ste 140  
 Ste 140  
 City Fort Collins State CO Zip Code 80528-8614  
 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 ▼ 1050.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : C3717805**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bender, John, L, , MD, MBA, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4674 Snow Mesa Dr Ste 140  
 Ste 140  
 City Fort Collins State CO Zip Code 80528-8614  
 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 ▼ 1050.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720689**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**c. Bertoli, Troy, Paul, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 Denver St  
 City Boulder City State NV Zip Code 89005-2509  
 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 05 / 22 / 2018  
**Transaction ID : C3720672**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1415.00
<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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Blackwelder, Reid, B, , MD, FAAFP**

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

Mailing Address 4407 Leedy Rd

City Kingsport	State TN	Zip Code 37664-2117
-------------------	-------------	------------------------

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

Name of Employer (for Individual) ETSU	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2018

**Transaction ID : C3716355**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Bourne, Robert, C M, , MD, FAAFP**

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

Mailing Address 236 Cajon St

City Redlands	State CA	Zip Code 92373-5202
------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

**Transaction ID : C3720685**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Braun, Edward, W, , MD, FAAFP**

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

Mailing Address 6919 N Dale Mabry Hwy Ste 300 Ste 300

City Tampa	State FL	Zip Code 33614-3972
---------------	-------------	------------------------

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

Name of Employer (for Individual) Midtown Medical Center	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
05	/	27	/	2018

**Transaction ID : C3720838**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 10 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Brilliant, Rachele, Idena, , DO, FAFPF**  
 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) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720703**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Bush, E Chris, , , MD, FAFPF**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14241 Pennsylvania Rd  
 City Riverview State MI Zip Code 48193-7510  
 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 ▼ 1000.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720718**  
 Amount of Each Receipt this Period 500.00  
 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  
 City Bordentown State NJ Zip Code 08505-4517  
 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 ▼ 1000.00

Date of Receipt 05 / 14 / 2018  
**Transaction ID : C3714941**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00  
**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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Canario, Jose, Rafael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 White Springs Cir  
 City Geneva State NY Zip Code 14456-3008  
 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 05 / 24 / 2018  
**Transaction ID : C3720714**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Carroll, Andrew, J P, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 N Dobson Rd Ste 15 Ste 15  
 City Chandler State AZ Zip Code 85224-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Renaissance Medical Group LLC Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : C3719427**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Channaveeraiah, Naganna, , , MD, MBA, C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1248 N Burgandy Trl  
 City Saint Johns State FL Zip Code 32259-5451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orange Park Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3719911**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<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 12 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Connolly, Patrick, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9746

City Portland	State ME	Zip Code 04104-5040
------------------	-------------	------------------------

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
05		22		2018

**Transaction ID : C3720663**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Cook, Jonathan, Mitchell, , DO, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 Chesterfield Rd

City Bogart	State GA	Zip Code 30622-6817
----------------	-------------	------------------------

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

Name of Employer (for Individual) Clarke-Oconee Family Practice	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

**Transaction ID : C3710481**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Crawford, Steven, A, , 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	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2018

**Transaction ID : C3709307**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	907.00
<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 13 OF 53
	<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

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**

**A. Dees, Jason, B, , DO, PC, FA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 426 Huntington Ct  
Apt 1603

City New Albany State MS Zip Code 38652-1912

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

Name of Employer (for Individual) Centene Corporation Occupation (for Individual) Regional Vice President of Health Plan

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
05 / 09 / 2018  
**Transaction ID : C3713573**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Dennis, Syeachia, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1611 S Utica Ave

City Tulsa State OK Zip Code 74104-4909

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  
05 / 02 / 2018  
**Transaction ID : C3710423**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Dibble, Frank, B, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Harbor Rd

City Rye State NH Zip Code 03870-2705

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  
05 / 22 / 2018  
**Transaction ID : C3720673**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3230.00
<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 14 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ellsworth, Andrew, Robert, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 22Nd Ave

City Brookings	State SD	Zip Code 57006-2450
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Avera medical Group	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
05		02		2018

**Transaction ID : C3710452**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Finneran, Matthew, P, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 251 Leatherman Rd

City Wadsworth	State OH	Zip Code 44281-9236
-------------------	-------------	------------------------

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
05		02		2018

**Transaction ID : C3710465**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Flick, Conrad, L, , MD, FAAFP**  
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) Family Medical Associates of Raleigh	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5002.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

**Transaction ID : C3710446**

Amount of Each Receipt this Period  
2502.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3232.00
<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 15 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Fox, Beth, A, , MD, MPH, C</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2018 <b>Transaction ID : C3720721</b>
Mailing Address Po Box 1445		Amount of Each Receipt this Period 365.00
City Kingsport	State TN	Zip Code 37662-1445
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) ETSU	Occupation (for Individual) Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fruehling, Richard, M, , MD, FAAFP</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2018 <b>Transaction ID : C3713571</b>
Mailing Address 2116 W Faidley Ave Ste 400 Ste 400		Amount of Each Receipt this Period 300.00
City Grand Island	State NE	Zip Code 68803-4671
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Family Practice of Grand Island	Occupation (for Individual) Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gaughan, Carolyn, N, , CAE</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2018 <b>Transaction ID : C3715877</b>
Mailing Address E Dir KS AFP Bldg 1046 - C		Amount of Each Receipt this Period 365.00
City Wichita	State KS	Zip Code 67205-1734
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<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 16 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Geismar, Deborah, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 822 Monroe St

City Evanston	State IL	Zip Code 60202-2615
------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2018

**Transaction ID : C3713710**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Gilson, Karen, Marie, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3850 Sycamore Dr Nw

City Cleveland	State TN	Zip Code 37312-3955
-------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2018

**Transaction ID : C3710456**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Gomersall, Janice, R, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2831 Fort Missoula Rd  
Ste 146

City Missoula	State MT	Zip Code 59804-7401
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

**Transaction ID : C3720667**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 17 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Goodwin, Michael, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29265 Sw Orleans Ave  
 City Wilsonville State OR Zip Code 97070-7398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Health & Services Oregon Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720691**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gross, John, Allan, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 15Th Ave Ne 7278223117  
 City Saint Petersburg State FL Zip Code 33704-4707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baycare Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720658**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Gruenbacher, Douglas, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 510  
 City Quinter State KS Zip Code 67752-0510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bluestem Medical, LLP Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 20 / 2018  
**Transaction ID : C3719356**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 18 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Guffey, Megan, Kathleen, , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Mclallen Ln  
 City Manson State WA Zip Code 98831-9428  
 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 ▼ 1000.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720710**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Hanak, Michael, Anthony, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 W Margate Ter Apt 2E  
 Apt 2E  
 City Chicago State IL Zip Code 60640-3826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2018  
**Transaction ID : C3721072**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**c. Harley, Douglas, W, , DO, FACOPF**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5318 Cadwallader Sonk Rd  
 City Fowler State OH Zip Code 44418-9735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Akron General Medical Center Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 28 / 2018  
**Transaction ID : C3720857**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1195.00
<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 19 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Harwood, Jeffrey, Allen, , MD, FAAFP**

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

Mailing Address 187 W Main St

City New London	State OH	Zip Code 44851-1018
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

**Transaction ID : C3710461**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Hauck, Carletta, , ,**

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

Mailing Address 3912 Golf Course Rd

City Watertown	State SD	Zip Code 57201-5412
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SD AFP	Occupation (for Individual) Executive Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2018

**Transaction ID : C3721059**

Amount of Each Receipt this Period  
122.00

Memo Item

**C. Havens, Carol, Sue, , MD, FAAFP**

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

Mailing Address 2105 Prado Vis

City Lincoln	State CA	Zip Code 95648-7948
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Permanente Medical Group	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
05		30		2018

**Transaction ID : C3721076**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	852.00
<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 20 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Henry, Michael, David, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16761 Sw 38Th St  
 City Miramar State FL Zip Code 33027-4631  
 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 **05 / 14 / 2018**  
**Transaction ID : C3715873**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**B. Hoehns, Thomas, Brent, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 163Rd PI  
 City Knoxville State IA Zip Code 50138-8992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt **05 / 21 / 2018**  
**Transaction ID : C3719464**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**C. Hoelting, David, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 609  
 City Pender State NE Zip Code 68047-0609  
 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 **05 / 02 / 2018**  
**Transaction ID : C3710450**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1230.00</b>
<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 21 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Iroku-Malize, Tochi, I L, , MD, MPH, M**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E Main St

City Bay Shore	State NY	Zip Code 11706-8408
-------------------	-------------	------------------------

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2018

**Transaction ID : C3720839**

Amount of Each Receipt this Period  
52.00

Memo Item

**B. Isaak, Frederick, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2425 Knob Hill Dr

City Dubuque	State IA	Zip Code 52003-0247
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested
--	--

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
05		24		2018

**Transaction ID : C3720708**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Jackson, Robert, John, , MD, MMM, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15715 Wick Rd

City Allen Park	State MI	Zip Code 48101-1534
--------------------	-------------	------------------------

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
05		21		2018

**Transaction ID : C3719441**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	782.00
<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 22 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Johannig, Chad, Duane, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4951 W 18Th St  
 City Lawrence State KS Zip Code 66047-2090  
 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 **05 / 02 / 2018**  
**Transaction ID : C3710439**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**B. Karsten, Michelle, Lynn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 735 E 51St St  
 City Minneapolis State MN Zip Code 55417-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 22 / 2018**  
**Transaction ID : C3720679**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**C. Knudson, Jason, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 N 10Th St  
 City Spearfish State SD Zip Code 57783-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Health Physicians Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **760.00**

Date of Receipt **05 / 25 / 2018**  
**Transaction ID : C3720776**  
 Amount of Each Receipt this Period **52.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>782.00</b>
<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 23 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Koopman, Peter, J, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address M231 Medical Sciences Building  
 City Columbia State MO Zip Code 65212  
 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 05 / 22 / 2018  
**Transaction ID : C3720670**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kurohara, Kevin, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Puuhonu PI Ste 205  
 City Hilo State HI Zip Code 96720-2000  
 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 05 / 24 / 2018  
**Transaction ID : C3720722**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ledwith, James, Joseph, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 Nichols Rd  
 City Fitchburg State MA Zip Code 01420-1914  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) UMass Medical School Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1165.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720648**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 24 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Lee, Jay, Won, , MD, MPH, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 604 Rose Ave  
 450 E Spring St Ste 1  
 City Venice State CA Zip Code 90291-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Care Medical Group Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720680**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Leja, Loretta, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 S Huron St  
 City Cheboygan State MI Zip Code 49721-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720702**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. LeRoy, Gary, L, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 434 E 1St St Ste 102  
 Ste 102  
 City Dayton State OH Zip Code 45402-1220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wright State University Occupation (for Individual) Associate Dean  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 322.24

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720696**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	830.00
<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 25 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. LeRoy, Gary, L, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 434 E 1St St Ste 102  
 Ste 102  
 City Dayton State OH Zip Code 45402-1220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wright State University Occupation (for Individual) Associate Dean  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.24

Date of Receipt 05 / 27 / 2018  
**Transaction ID : C3722167**  
 Amount of Each Receipt this Period 111.12  
 Memo Item

**B. Lizarzaburu, Jesus, L, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 Grafton Dr  
 City Yorktown State VA Zip Code 23692  
 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 05 / 22 / 2018  
**Transaction ID : C3720669**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Logalbo, Matthew, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2539 13th Ave S Unit 203  
 City Seattle State WA Zip Code 98144-8005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720688**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	841.12
<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 26 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Lovins, Teresa, Grossman, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4365 N Riverside Dr  
 City Columbus State IN Zip Code 47203-1124  
 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 05 / 02 / 2018  
**Transaction ID : C3710445**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Lurye, Donald, Reuben, , MD, MMM, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S York St Ste 2004  
 City Elmhurst State IL Zip Code 60126-5634  
 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 425.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720676**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Malone, Sara, Beth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 N Greenbriar Rd  
 City Carterville State IL Zip Code 62918-2315  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt 05 / 02 / 2018  
**Transaction ID : C3710464**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	980.00
<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 27 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Martin, R. Shawn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2722 Orday St NW  
Apt 1

City Washington State DC Zip Code 20008-5045

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

Name of Employer (for Individual) AAFP Occupation (for Individual) Vice President, Practice Advancement

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 375.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : C3719428**

Amount of Each Receipt this Period 75.00

Memo Item

**B. Meigs, John, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 289

City Brent State AL Zip Code 35034-0289

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 1200.00

Date of Receipt 05 / 02 / 2018  
**Transaction ID : C3710467**

Amount of Each Receipt this Period 50.00

Memo Item

**C. Meigs, John, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 289

City Brent State AL Zip Code 35034-0289

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 1200.00

Date of Receipt 05 / 09 / 2018  
**Transaction ID : C3713556**

Amount of Each Receipt this Period 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 28 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Meigs, John, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 289

City Brent	State AL	Zip Code 35034-0289
---------------	-------------	------------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2018

**Transaction ID : C3719446**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Meigs, John, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 289

City Brent	State AL	Zip Code 35034-0289
---------------	-------------	------------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2018

**Transaction ID : C3720706**

Amount of Each Receipt this Period  
100.00

Memo Item

**c. Melton, Samuel, Hughes, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23104 Virginia Trl

City Bristol	State VA	Zip Code 24202-4955
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Commonwealth of Virginia	Occupation (for Individual) DBHDS
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2018

**Transaction ID : C3720840**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 29 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mikus, Kevin, P, , MD, CMD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9422 Briarwick Ln  
 City Charlotte State NC Zip Code 28277-1673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doctors Making Housecalls Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720709**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mills, Terry, Lee, , MD, MMM, C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11420 S Granite Pl  
 City Tulsa State OK Zip Code 74137-8113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St John Clinic Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2018  
**Transaction ID : C3721084**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Mitchell, Karen, B, , MD, FAFAP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22250 Providence Dr Ste 557 Ste 557  
 City Southfield State MI Zip Code 48075-4825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ascension Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720662**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1465.00
<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 30 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Montgomery, Anne, M, , MD, MBA, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39000 Bob Hope Dr

City Rancho Mirage	State CA	Zip Code 92270-3221
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2018

**Transaction ID : C3720841**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Moquist, Dale, C, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Sky Ln

City Horseshoe Bay	State TX	Zip Code 78657
-----------------------	-------------	-------------------

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 ▼  
458.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2018

**Transaction ID : C3721085**

Amount of Each Receipt this Period  
91.66

Memo Item

**C. Nguyen, Mary, Suzanne, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 960  
409 Madrid Street

City Castroville	State TX	Zip Code 78009-0960
---------------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

**Transaction ID : C3720777**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	391.66
<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 31 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Nissly, Tanner, , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 W Broadway Ave

City Minneapolis	State MN	Zip Code 55411-2504
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Minnesota	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
05		11		2018

**Transaction ID : C3714898**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Olden, Carl, Raymond, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 S 72Nd Ave Ste 100  
Ste 100

City Yakima	State WA	Zip Code 98908-1661
----------------	-------------	------------------------

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

Name of Employer (for Individual) Yakima Valley Memorial Hospital	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2018

**Transaction ID : C3711635**

Amount of Each Receipt this Period  
100.00

Memo Item

**c. Orgain, Javette, C, , MD, MPH, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Po Box 806527

City Chicago	State IL	Zip Code 60680-4126
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Vitas Innovative Hospice	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

**Transaction ID : C3710719**

Amount of Each Receipt this Period  
135.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 32 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Padden, Maureen, O, , 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) Sacred Heart / Ascension Healthcare	Occupation (for Individual) Family Physician
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2018

**Transaction ID : C3713712**

Amount of Each Receipt this Period  
52.00

Memo Item

**B. Parks, Douglas, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 E 18Th St

City Cheyenne	State WY	Zip Code 82001-4775
------------------	-------------	------------------------

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
05		21		2018

**Transaction ID : C3719573**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Pheifer, Larry, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 Green Bay Rd

City Thiensville	State WI	Zip Code 53092-1616
---------------------	-------------	------------------------

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
05		09		2018

**Transaction ID : C3713568**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	782.00
<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 33 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Pouget, Mae, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Marthas Rd  
 City Alexandria State VA Zip Code 22307-1952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 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  
 05 / 02 / 2018  
**Transaction ID : C3710453**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Powers, Elizabeth, Carol, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Medical Pkwy  
 City Enterprise State OR Zip Code 97828-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Winding Waters Clinic 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  
 05 / 22 / 2018  
**Transaction ID : C3720693**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**C. Pratt, Karla, Graue, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1239 120th Ave NE  
 City Bellevue State WA Zip Code 98005-2133  
 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  
 05 / 02 / 2018  
**Transaction ID : C3710441**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1095.00
<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 34 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Presley, Jeremy, J, , MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 University Dr  
 City Dodge City State KS Zip Code 67801-2946  
 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 **05 / 02 / 2018**  
**Transaction ID : C3710430**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**B. Price, Marc, D, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2299 Route 9  
 City Mechanicville State NY Zip Code 12118-3023  
 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 **05 / 22 / 2018**  
**Transaction ID : C3720690**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**C. Recinos, Sheryl, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 802665  
 City Santa Clarita State CA Zip Code 91380-2665  
 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 **05 / 21 / 2018**  
**Transaction ID : C3721086**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>830.00</b>
<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 35 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Reeves, Leonard, Daniel, , MD, FAFAP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 E 3Rd Ave

City Rome	State GA	Zip Code 30161-3241
--------------	-------------	------------------------

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

Name of Employer (for Individual) GHSU	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2018

**Transaction ID : C3721087**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Richards, Donna, Roxanne, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3237 Randolph Court Dr

City Ann Arbor	State MI	Zip Code 48108-2178
-------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2018

**Transaction ID : C3718563**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Righter, Elisabeth, L, , MD, FAFAP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Philadelphia Dr

City Dayton	State OH	Zip Code 45406
----------------	-------------	-------------------

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 ▼  
222.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2018

**Transaction ID : C3721088**

Amount of Each Receipt this Period  
111.12

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	261.12
<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 36 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Rockwell, Pamela, G, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Override Dr  
 City Ann Arbor State MI Zip Code 48104-4125  
 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 05 / 22 / 2018  
**Transaction ID : C3720682**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Rodriguez, Glenn, Sumner, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Sw Canby St  
 City Portland State OR Zip Code 97219-2947  
 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 05 / 14 / 2018  
**Transaction ID : C3714933**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Sadri-Azarbayejani, Flora, F, , DO, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 427 S Mountain Rd  
 City Northfield State MA Zip Code 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clean Slate Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2018  
**Transaction ID : C3714911**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<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 37 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Salisbury, Dennis, F., MD, FAAFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 435 S Crystal St Ste 300 Ste 300  
 City Butte State MT Zip Code 59701-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCL Health Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : C3720701**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Sanders, Elizabeth, A., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Hopkinton Rd  
 City Contoocook State NH Zip Code 03229-2833  
 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 05 / 21 / 2018  
**Transaction ID : C3719462**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Schonau, Jesse, Taylor, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7114 Camp Alger Ave  
 City Falls Church State VA Zip Code 22042-3708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Navy Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2018  
**Transaction ID : C3720828**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1915.00
<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 38 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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) Self Occupation (for Individual) Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : C3720681**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Smith, Brent, , , MD, MSC, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 803 1St St  
 City Cleveland State MS Zip Code 38732-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Medical Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 30 / 2018  
**Transaction ID : C3721132**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**c. Sohail, Fayza, Ismail, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16870 Sw Kavitt Ln  
 City Beaverton State OR Zip Code 97078-1391  
 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 05 / 02 / 2018  
**Transaction ID : C3710421**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.00
<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 39 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Sousley, Melissa, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Po Box 740

City Colbert	State WA	Zip Code 99005-0740
-----------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2018

**Transaction ID : C3715876**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Spogen, Daniel, R, , MD, FAFAP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Brigham Building MS 316

City Reno	State NV	Zip Code 89557-0046
--------------	-------------	------------------------

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

Name of Employer (for Individual) University of Nevada	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
05		21		2018

**Transaction ID : C3719466**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Stracener, Windel, Stracener Md, , MD, FAFAP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333 Hunters Pointe Dr

City Richmond	State IN	Zip Code 47374-7184
------------------	-------------	------------------------

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

Name of Employer (for Individual) Wayne County Health Department	Occupation (for Individual) 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
05		27		2018

**Transaction ID : C3720843**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	915.00
<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 40 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 44818 Oro Grande Cir

City Indian Wells	State CA	Zip Code 92210-7411
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Eisenhower Medical Associates	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
05		03		2018

**Transaction ID : C3710482**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Sugimoto, Brent, Katsumi, , MD, MPH**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 San Mateo St

City Richmond	State CA	Zip Code 94804-5615
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Permanente Medical Group	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2018

**Transaction ID : C3720649**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Swegler, Erica, Williams, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4208 Medical Pkwy

City Austin	State TX	Zip Code 78756-3310
----------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

**Transaction ID : C3721128**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	392.00
<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 41 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 5181 Forrest St

City Montague	State MI	Zip Code 49437-9345
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Physician Partners	Occupation (for Individual) Family Physician/medical director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2018

**Transaction ID : C3720844**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Tsigonis, Jean, Wilbur, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Noble St

City Fairbanks	State AK	Zip Code 99701-4922
-------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2018

**Transaction ID : C3714942**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Waits, John, Bryan, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Belcher St

City Centreville	State AL	Zip Code 35042-2946
---------------------	-------------	------------------------

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
05		22		2018

**Transaction ID : C3720695**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1465.00
<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 42 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Wang, Kevin, S, , MD, FAAFP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158C 22nd Ave

City Seattle	State WA	Zip Code 98122-6036
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Swedish Medical Center	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2018

**Transaction ID : C3720650**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Weber, Robert, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1066 S Green Valley Rd

City Watsonville	State CA	Zip Code 95076-4163
---------------------	-------------	------------------------

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 ▼  
620.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2018

**Transaction ID : C3715867**

Amount of Each Receipt this Period  
620.00

Memo Item

**C. Wexler, Randell, K, , MD, MPH, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6040 Haybury Dr

City New Albany	State OH	Zip Code 43054-8691
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

**Transaction ID : C3720332**

Amount of Each Receipt this Period  
210.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	930.00
<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 43 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Woloski, Jason, Raymond, , MD

Mailing Address 14 Penny Ln

City Plains	State PA	Zip Code 18702-2721
----------------	-------------	------------------------

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

Name of Employer (for Individual) Penn Sate Hershey Medical Center	Occupation (for Individual) Family Physician
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		29		2018

**Transaction ID : C3721051**

Amount of Each Receipt this Period  
365.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.00
<b>TOTAL</b> This Period (last page this line number only).....	40307.90

**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 44 OF 53
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2672
-----------------	-------------	------------------------

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 ▼  
4534.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		14		2018

**Transaction ID : C3717251**

Amount of Each Receipt this Period  
979.43

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	979.43
<b>TOTAL</b> This Period (last page this line number only).....	979.43

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			02			2018			

FEC Identification Number

C

Transaction ID : D183590

Amount of Each Disbursement this Period

142.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2018			

FEC Identification Number

C

Transaction ID : D183591

Amount of Each Disbursement this Period

19.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			04			2018			

FEC Identification Number

C

Transaction ID : D183592

Amount of Each Disbursement this Period

26.49

Memo Item

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

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

188.18

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

#### A. American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2018

FEC Identification Number

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : D183594

Amount of Each Disbursement this Period

																				4.39
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------

Memo Item

Full Name (Last, First, Middle Initial)

#### B. American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2018

FEC Identification Number

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : D183595

Amount of Each Disbursement this Period

																				0.81
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------

Memo Item

Full Name (Last, First, Middle Initial)

#### C. American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2018

FEC Identification Number

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : D183596

Amount of Each Disbursement this Period

																				2.00
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------

Memo Item

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

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

																				7.20
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : D183600

Amount of Each Disbursement this Period

2.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	8

FEC Identification Number

C

Transaction ID : D183601

Amount of Each Disbursement this Period

6.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	8

FEC Identification Number

C

Transaction ID : D183602

Amount of Each Disbursement this Period

1.46

Memo Item

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

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

11.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	8

FEC Identification Number

C [ ]

**Transaction ID : D183603**

Amount of Each Disbursement this Period

[ ] 21.61 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : D183604**

Amount of Each Disbursement this Period

[ ] 3.25 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : D183605**

Amount of Each Disbursement this Period

[ ] 3.25 [ ]

Memo Item

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

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

[ ] 28.11 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : D183606**

Amount of Each Disbursement this Period

[ ] 1.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : D183607**

Amount of Each Disbursement this Period

[ ] 2.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : D183608**

Amount of Each Disbursement this Period

[ ] 34.19

Memo Item

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

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

[ ] 38.58

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2018

FEC Identification Number

C [ ]

Transaction ID : D183609

Amount of Each Disbursement this Period

[ ] 11.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2018

FEC Identification Number

C [ ]

Transaction ID : D183610

Amount of Each Disbursement this Period

[ ] 7.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2018

FEC Identification Number

C [ ]

Transaction ID : D183611

Amount of Each Disbursement this Period

[ ] 3.25

Memo Item

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

[ ] 22.64

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2018

Mailing Address WA2-505-01-40  
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Returned Chargeback Fee

FEC Identification Number

C [ ]

**Transaction ID : D183613**

Amount of Each Disbursement this Period

[ ] 12.00 [ ]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank Of America Merchant Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

Mailing Address WA2-505-01-40  
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

FEC Identification Number

C [ ]

**Transaction ID : D183588**

Amount of Each Disbursement this Period

[ ] 455.55 [ ]

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

Purpose of Disbursement

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

[ ] 467.55 [ ]

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

[ ] 763.33 [ ]

**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

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

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address PO Box 5130

City  
Evanston

State  
IL

Zip Code  
60204-5130

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Schakowsky, Jan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2018

FEC Identification Number

C C00327023

**Transaction ID : D183344**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address 412 1st St SE  
C/O Molly Allen Associates

City  
Washington

State  
DC

Zip Code  
20003-1804

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Schrader, Kurt, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2018

FEC Identification Number

C C00446906

**Transaction ID : D183338**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. OLSON FOR CONGRESS COMMITTEE**

Mailing Address 213 Ashby St

City  
Alexandria

State  
VA

Zip Code  
22305-2902

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Olson, Pete, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2018

FEC Identification Number

C C00437913

**Transaction ID : D183339**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RALPH ABRAHAM FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2018

Mailing Address 700 Pennsylvania Ave SE  
C/O Winco Fundraising Llc

City Washington State DC Zip Code 20003-2493

Purpose of Disbursement  
Campaign contribution

FEC Identification Number

**C** C00563940

**Transaction ID : D183341**

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

**Abraham, Ralph, , Rep.,**

Category/  
Type

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

State: LA District: 05

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2018

Mailing Address 1602 Belle View Blvd  
Attn: Tracey Buckman

City Alexandria State VA Zip Code 22307-6531

Purpose of Disbursement  
Campaign contribution

FEC Identification Number

**C** C00257642

**Transaction ID : D183340**

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

**Murray, Patty, , Sen.,**

Category/  
Type

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

State: WA District: 00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SHERROD BROWN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2018

Mailing Address 208 I St NE

City Washington State DC Zip Code 20002-4340

Purpose of Disbursement  
Campaign contribution

FEC Identification Number

**C** C00264697

**Transaction ID : D183342**

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

**Brown, Sherrod, , Sen.,**

Category/  
Type

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

State: OH District: 00

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

7500.00

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

16000.00