

**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="2017"/>		317817.85
(b) Cash on Hand at Beginning of Reporting Period.....	402951.53	
(c) Total Receipts (from Line 19)	72977.68	248189.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	475929.21	566007.68
7. Total Disbursements (from Line 31).....	28499.41	118577.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	447429.80	447429.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2017 To: M M / D D / Y Y Y Y 05 / 31 / 2017

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).....	51721.21	166453.59
(ii) Unitemized	20495.33	78074.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	72216.54	244527.80
(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)	72216.54	244527.80
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).....	761.14	3662.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	72977.68	248189.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	72977.68	248189.83

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	999.41	4127.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	999.41	4127.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	114000.00
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	450.00
(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	450.00
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)) ..	28499.41	118577.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28499.41	118577.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	72216.54	244527.80
34. Total Contribution Refunds (from Line 28(d))	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72216.54	244077.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	999.41	4127.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	761.14	3662.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)	238.27	465.85

**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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Anderson, Julie, Kay, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2248 Chelmsford Ln
 City Saint Cloud State MN Zip Code 56301-9012
 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 / 22 / 2017
Transaction ID : C3524896
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Barkley, Andrea, M, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 Lexington Ave
 City Charlotte State NC Zip Code 28203-4835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 22 / 2017
Transaction ID : C3524895
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Batish, Sanjay, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1547 Grandiflora Dr
 City Leland State NC Zip Code 28451-9532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BATISH FAMILY MEDICINE Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2017
Transaction ID : C3523459
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Baxter, D Michael, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 S 7th Ave
 City West Reading State PA Zip Code 19611-1410
 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 / 23 / 2017**
Transaction ID : C3525046
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Beireis, Jeremy, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 S Hill St
 City Salem State SD Zip Code 57058-8760
 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 / 05 / 2017**
Transaction ID : C3514990
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Beittel, Timothy, Michael, , MD, CMD, C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 Wildwood Rd
 City Aberdeen State NC Zip Code 28315-2132
 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 730.00

Date of Receipt **05 / 14 / 2017**
Transaction ID : C3520146
 Amount of Each Receipt this Period 730.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1460.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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
 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 ▼ 1000.00

Date of Receipt 05 / 05 / 2017
Transaction ID : C3514996
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bertoli, Troy, Paul, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7354 Puckershire St
 City Las Vegas State NV Zip Code 89166-6534
 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 / 23 / 2017
Transaction ID : C3525045
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Blackstock, Sam, , , CAE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 NW Expressway
 City Oklahoma City State OK Zip Code 73118-1805
 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 / 03 / 2017
Transaction ID : C3513640
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1730.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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 05 / 15 / 2017
Transaction ID : C3520365
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Blair, Mott, Parks, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 E Westbrook St
 City Wallace State NC Zip Code 28466-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vidant Medical Group Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2017
Transaction ID : C3518730
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Boersma, Nicole, Suzanne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 826 E Mill Creek Rd S
 City Greensburg State IN Zip Code 47240-6326
 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 / 03 / 2017
Transaction ID : C3513632
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	590.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bowshier, Laura, Morgan Carlyle, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 W Hickman Rd
 City Waukee State IA Zip Code 50263-5020
 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 / 10 / 2017**
Transaction ID : C3516430
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Brenham, Careyana, Michelle, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1539 N Walnut Rd
 City Rochester State IL Zip Code 62563-8440
 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 / 2017**
Transaction ID : C3524911
 Amount of Each Receipt this Period 365.00
 Memo Item

c. Brilliant, Rachele, Idena, , DO
 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 / 23 / 2017**
Transaction ID : C3525499
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1095.00
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 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bucher, David, Kris, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1409 Franklin Ave SE
 City Minneapolis State MN Zip Code 55414-3650
 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 / 2017
Transaction ID : C3520142
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Bucholtz, John, R, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 10Th Ave Ste 100
 City Columbus State GA Zip Code 31901-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbus Regional Healthcare System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2017
Transaction ID : C3525527
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 05 / 03 / 2017
Transaction ID : C3513562
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	657.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Corum, Lisa, Leigh, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11501 Redwood Way
 City Louisville State KY Zip Code 40223-2362
 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 / 05 / 2017**
Transaction ID : C3514981
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. 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 **2000.00**

Date of Receipt **05 / 22 / 2017**
Transaction ID : C3524815
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Crouse, Byron, James, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4117 Hslc
 750 HIGHLAND AVE
 City Madison State WI Zip Code 53705-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 10 / 2017**
Transaction ID : C3516271
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 1829

City Valdez	State AK	Zip Code 99686-1829
----------------	-------------	------------------------

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		03		2017

Transaction ID : C3513634

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 24206 W 68th St

City Shawnee	State KS	Zip Code 66226-3539
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

Transaction ID : C3513628

Amount of Each Receipt this Period
500.00

Memo Item

C. Daniels, Elvan, Catherine, , MD, MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4820 Regency Trce SW

City Atlanta	State GA	Zip Code 30331-6844
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Cancer Society	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		2017

Transaction ID : C3527775

Amount of Each Receipt this Period
111.12

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1111.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dar, Bushra, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17586 Toft Cv
 City Eden Prairie State MN Zip Code 55347-1092
 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 / 05 / 2017
Transaction ID : C3514998
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dean, Thomas, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 602 1St St Ne
 City Wessington Springs State SD Zip Code 57382-2167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horizon Health Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2017
Transaction ID : C3516288
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Deci, David, M, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Highland Ave Rm 4260
 City Madison State WI Zip Code 53705-2221
 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 / 03 / 2017
Transaction ID : C3513629
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : C3514980
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Deolapure, Sanjeevani, Vijaykumar, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 Forden Dr
 City King City State CA Zip Code 93930-3508
 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 / 14 / 2017
Transaction ID : C3520184
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Dickinson, Shirley, , , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 799 Via Mirada
 City Monterey State CA Zip Code 93940-4613
 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 / 14 / 2017
Transaction ID : C3520196
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	980.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 67
	<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"/>	<input type="checkbox"/> 17

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

A. Evans, Thomas, Edwin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11082 N Radio Station Rd
 City Seneca State SC Zip Code 29678-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AnMed Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 01 / 2017
Transaction ID : C3511437
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Feehan, John, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18695 W 151st St
 City Olathe State KS Zip Code 66062-2738
 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 / 05 / 2017
Transaction ID : C3514984
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Fiesinger, Troy, Treanor, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14825 Southwest Fwy
 City Sugar Land State TX Zip Code 77478-5016
 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 ▼ 202.00

Date of Receipt 05 / 26 / 2017
Transaction ID : C3526995
 Amount of Each Receipt this Period 34.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	764.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Filer, Wanda, D, , MD, MBA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 Aqua Ct

City York	State PA	Zip Code 17403-3623
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2017

Transaction ID : C3513896

Amount of Each Receipt this Period
500.00

Memo Item

B. Fisher, Lynn, R, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1210 N Washington St

City Plainville	State KS	Zip Code 67663-1632
--------------------	-------------	------------------------

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		05		2017

Transaction ID : C3514989

Amount of Each Receipt this Period
365.00

Memo Item

C. Freeman, Kathryn, Jane, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 580 Rice St

City Saint Paul	State MN	Zip Code 55103-2148
--------------------	-------------	------------------------

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		2017

Transaction ID : C3524879

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fudala, Monica, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Hedge Maple Dr Apt 306

City Vernon Hills	State IL	Zip Code 60061-1963
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NorthShore University HealthSystem	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	/	17	/	2017

Transaction ID : C3531830

Amount of Each Receipt this Period
100.00

Memo Item

B. Fudala, Monica, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Hedge Maple Dr Apt 306

City Vernon Hills	State IL	Zip Code 60061-1963
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NorthShore University HealthSystem	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	/	23	/	2017

Transaction ID : C3525506

Amount of Each Receipt this Period
215.00

Memo Item

C. Gaughan, Carolyn, N, , CAE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address E Dir KS AFP Bldg 1046 - C

City Wichita	State KS	Zip Code 67205-1734
-----------------	-------------	------------------------

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	/	2017

Transaction ID : C3524852

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	680.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gibson, Katherine, Nancy, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 Laurel St
 City South Pasadena State CA Zip Code 91030-4712
 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 / 2017**
Transaction ID : C3520139
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Gilbertson, Betsy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 Simpson St
 City Saint Paul State MN Zip Code 55104-2457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Memorial Health Occupation (for Individual) Family medicine physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 06 / 2017**
Transaction ID : C3515167
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Gingrich, Dennis, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Dr
 City Hershey State PA Zip Code 17033-2360
 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 / 05 / 2017**
Transaction ID : C3514968
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gorman, Robert, T., MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 271 Grove Ave

City Verona	State NJ	Zip Code 07044-1730
----------------	-------------	------------------------

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	/	2017

Transaction ID : C3524909

Amount of Each Receipt this Period
365.00

Memo Item

B. 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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2017

Transaction ID : C3523460

Amount of Each Receipt this Period
85.00

Memo Item

C. Hall, Mary, Nolan, MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 32861

City Charlotte	State NC	Zip Code 28232-2861
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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	/	2017

Transaction ID : C3524892

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Harley, Douglas, W, , DO, FACOFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Akron General Ave

City Akron	State OH	Zip Code 44307-2432
---------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2017

Transaction ID : C3527768

Amount of Each Receipt this Period
45.00

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2017

Transaction ID : C3527777

Amount of Each Receipt this Period
125.00

Memo Item

C. Heinemann, Daniel, J, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 5039

City Sioux Falls	State SD	Zip Code 57117-5039
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

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

Transaction ID : C3516887

Amount of Each Receipt this Period
210.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hernandez, Virginia, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1106
 City Shiprock State NM Zip Code 87420-1106
 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 / 05 / 2017**
Transaction ID : C3514974
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Hernandez Itriago, Pablo, Ignacio, , MD, FAFPF
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Concord Rd
 City Millbury State MA Zip Code 01527-3953
 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 / 05 / 2017**
Transaction ID : C3514988
 Amount of Each Receipt this Period **365.00**
 Memo Item

c. Huang, Po-Yin, Samuel, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Cahuenga Blvd E
 City Los Angeles State CA Zip Code 90068-2126
 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 / 05 / 2017**
Transaction ID : C3514993
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jackson, Robert, John, , MD, MMM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8338 Allen Rd
 City Allen Park State MI Zip Code 48101-1399
 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 / 03 / 2017**
Transaction ID : C3513631
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Jaffe, Rebecca, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3105 Limestone Rd Ste 300
 City Wilmington State DE Zip Code 19808-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rebecca Jaffe and Asso, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt **05 / 23 / 2017**
Transaction ID : C3525502
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Jefferis, Melissa, , , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 697 Thomas Ln
 City Columbus State OH Zip Code 43214-3931
 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 370.00

Date of Receipt **05 / 14 / 2017**
Transaction ID : C3520195
 Amount of Each Receipt this Period **370.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1735.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Johannng, 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 / 22 / 2017
Transaction ID : C3524854
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Johnston Zeidan, Lynn, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 743 Luzerne St
 City Johnstown State PA Zip Code 15905-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Conemaugh Physician Group Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 23 / 2017
Transaction ID : C3525520
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Josefski, Mark, A, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 Broadway
 City Kingston State NY Zip Code 12401-4626
 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 / 2017
Transaction ID : C3524856
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	855.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kakutani, Carla, Lee, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Abbey St
 City Winters State CA Zip Code 95694-1837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2565.00

Date of Receipt 05 / 22 / 2017
Transaction ID : C3524882
 Amount of Each Receipt this Period 2200.00
 Memo Item

B. Keber, Barbara, A, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Saint Andrews Ln
 City Glen Cove State NY Zip Code 11542-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 05 / 2017
Transaction ID : C3514991
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Kemp, Earl, D, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 E Lake Placid Cir
 City Sioux Falls State SD Zip Code 57110-6425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Family Medicine Occupation (for Individual) Family Physician/Residency Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 10 / 2017
Transaction ID : C3516277
 Amount of Each Receipt this Period 360.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2925.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kenta-Bibi, Emmanuel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 Commonwealth Ave
 City New Britain State CT Zip Code 06053-2408
 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 / 23 / 2017**
Transaction ID : C3525049
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Kohl, Russell, Wade, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18005 Canterbury Dr
 City Stilwell State KS Zip Code 66085-9334
 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 / 03 / 2017**
Transaction ID : C3513641
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Koopman, Peter, J, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 Smiley Ln
 City Columbia State MO Zip Code 65202-1947
 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 / 2017**
Transaction ID : C3524849
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lacey, Kent, T, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3911 Avenue B # 1100

City Scottsbluff	State NE	Zip Code 69361-4617
---------------------	-------------	------------------------

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		10		2017

Transaction ID : C3516313

Amount of Each Receipt this Period
365.00

Memo Item

B. LeClair, Bruce, M, , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5088 Windmill Lake Dr

City Evans	State GA	Zip Code 30809-6612
---------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

Transaction ID : C3524850

Amount of Each Receipt this Period
500.00

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

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 ▼
611.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2017

Transaction ID : C3527779

Amount of Each Receipt this Period
55.56

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	920.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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American Academy of Family Physicians Political Action Committee

A. Levy, David, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 N East Ave
 City Oak Park State IL Zip Code 60302-1541
 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 / 14 / 2017
Transaction ID : C3520170
 Amount of Each Receipt this Period 500.00
 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 23692-2152
 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 / 05 / 2017
Transaction ID : C3514992
 Amount of Each Receipt this Period 365.00
 Memo Item

c. Malmberg, Kenric, Dana, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1747 Doral Dr
 City Brookings State SD Zip Code 57006-5493
 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 400.00

Date of Receipt 05 / 23 / 2017
Transaction ID : C3525514
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1265.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Manning, Michelle, Kaye, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 Lake St
 City Lincoln State NE Zip Code 68506-3131
 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 / 10 / 2017**
Transaction ID : C3516312
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martin, Douglas, Wayne, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4230 War Eagle Dr
 City Sioux City State IA Zip Code 51109-1700
 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 / 12 / 2017**
Transaction ID : C3520060
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Martin, R. Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2722 Ordway 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 8
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt **05 / 21 / 2017**
Transaction ID : C3524789
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matheny, Samuel, Coleman, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 474 W Third St
 City Lexington State KY Zip Code 40508-3512
 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 05 / 14 / 2017
Transaction ID : C3520135
 Amount of Each Receipt this Period 300.00
 Memo Item

B. McCallum, Lee, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7248 Oakville Dr
 City Germantown State TN Zip Code 38138-2075
 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 / 10 / 2017
Transaction ID : C3516285
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McCollough, Brian, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2680 Kinsley Ave NW
 City Concord State NC Zip Code 28027-4534
 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 / 03 / 2017
Transaction ID : C3513635
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	915.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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 ▼ 550.00

Date of Receipt 05 / 10 / 2017
Transaction ID : C3516314
 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 ▼ 550.00

Date of Receipt 05 / 23 / 2017
Transaction ID : C3525528
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mills, Terry, Lee, , MD, CPE, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 S Utica Ave Ste 409
 City Tulsa State OK Zip Code 74137
 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 ▼ 400.00

Date of Receipt 05 / 12 / 2017
Transaction ID : C3518731
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Montgomery, Anne, M, , MD, MBA, F
 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 ▼ 1500.00

Date of Receipt 05 / 27 / 2017
Transaction ID : C3527755
 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 Skyline
 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 05 / 09 / 2017
Transaction ID : C3520357
 Amount of Each Receipt this Period 91.66
 Memo Item

C. Mullis, Sharon, Marie, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 Open Range Ave SW
 City Los Lunas State NM Zip Code 87031-6386
 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 / 2017
Transaction ID : C3520175
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	706.66
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mumford, James, Mumford Md, , MD, FAAFP

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

Mailing Address 16 E 16th St

City New York	State NY	Zip Code 10003-3105
------------------	-------------	------------------------

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		05		2017

Transaction ID : C3514978

Amount of Each Receipt this Period
365.00

Memo Item

B. Munzing, Timothy, Allyn, , MD, FAAFP

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

Mailing Address 1900 E 4th St

City Santa Ana	State CA	Zip Code 92705-3962
-------------------	-------------	------------------------

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		2017

Transaction ID : C3520137

Amount of Each Receipt this Period
300.00

Memo Item

C. Nemec, Glenn, George, , MD

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

Mailing Address 1001 Hart Blvd
Ste 100

City Monticello	State MN	Zip Code 55362-8929
--------------------	-------------	------------------------

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		03		2017

Transaction ID : C3513630

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1030.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nguyen, Mary, Suzanne, , MD, FAFPF

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 ▼ 400.00

Date of Receipt 05 / 04 / 2017

Transaction ID : C3513898

Amount of Each Receipt this Period 50.00

Memo Item

B. Nguyen, Mary, Suzanne, , MD, FAFPF

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 ▼ 400.00

Date of Receipt 05 / 27 / 2017

Transaction ID : C3527756

Amount of Each Receipt this Period 50.00

Memo Item

C. Nguyen, Michael, H, , MD

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

Mailing Address 653 Charlotte Valley Rd

City Charlottesville State NY Zip Code 12036-1640

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 / 2017

Transaction ID : C3520201

Amount of Each Receipt this Period 365.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nosal, Sarah, Catherine, , MD, FAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 E 168th St
 City Bronx State NY Zip Code 10452-7929
 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 / 05 / 2017**
Transaction ID : C3514977
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. O'Shea, Noreen, Ellen, , DO, FAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6136 Oakwood Dr
 City Urbandale State IA Zip Code 50322-8203
 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 / 10 / 2017**
Transaction ID : C3516580
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Olden, Carl, Raymond, , MD, FAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 S 72Nd Ave 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 **05 / 07 / 2017**
Transaction ID : C3515195
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	830.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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		2017

Transaction ID : C3513563

Amount of Each Receipt this Period
135.00

Memo Item

B. Pace, Wilson, , , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood	State KS	Zip Code 66211-2680
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2017

Transaction ID : C3520194

Amount of Each Receipt this Period
250.00

Memo Item

c. Packing-Ebuen, Jennifer, Lee, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1412 E 4th Ave

City Tampa	State FL	Zip Code 33605-5016
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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		2017

Transaction ID : C3524855

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pallay, Robert, Milton, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1107 E 66th St

City Savannah	State GA	Zip Code 31404-5701
------------------	-------------	------------------------

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		2017

Transaction ID : C3520141

Amount of Each Receipt this Period
300.00

Memo Item

B. Palmer, Elissa, J, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2410 Fire Mesa St Ste 180

City Las Vegas	State NV	Zip Code 89128-9017
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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

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

Transaction ID : C3524905

Amount of Each Receipt this Period
500.00

Memo Item

C. Parra, Joseph, Michael, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Kingsley Ave

City Orange Park	State FL	Zip Code 32073-5148
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Orange Park Medical Center	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		23		2017

Transaction ID : C3525543

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pead, Christopher, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 SW 32nd Ln
 City Ocala State FL Zip Code 34471-0176
 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 / 2017**
Transaction ID : C3520183
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. 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 **05 / 10 / 2017**
Transaction ID : C3516287
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Phelps, Karen, S, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Kestwick Dr W
 City Martinez State GA Zip Code 30907-1690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U. S. Army Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **05 / 06 / 2017**
Transaction ID : C3515151
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
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 39 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Phillips, Kami, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Fieldstone Dr
 City Gardner State MA Zip Code 01440-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chair City Family Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2017
Transaction ID : C3514922
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 05 / 05 / 2017
Transaction ID : C3514983
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Rashidi, Wendy, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 W Foothill Blvd
 City Upland State CA Zip Code 91786-3804
 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 05 / 14 / 2017
Transaction ID : C3520131
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1165.00
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 40 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 24 Scoggin Rd NW

City Rome	State GA	Zip Code 30165-9544
--------------	-------------	------------------------

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2017

Transaction ID : C3527780

Amount of Each Receipt this Period
100.00

Memo Item

B. Righter, Elisabeth, L, , MD, FAFPF
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Philadelphia Dr

City Dayton	State OH	Zip Code 45406-1814
----------------	-------------	------------------------

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		2017

Transaction ID : C3527781

Amount of Each Receipt this Period
111.12

Memo Item

C. Robinson, Mark, David, , MD, FAFPF
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 812 Rothmoor Dr Ne

City Concord	State NC	Zip Code 28025-2582
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Carolinas Healthcare System	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		10		2017

Transaction ID : C3516046

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	711.12
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 41 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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 / 2017**
Transaction ID : C3524874
 Amount of Each Receipt this Period **365.00**
 Memo Item

B. Roman, Kimberly, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30255 Westminster Gates Dr
 City Spanish Fort State AL Zip Code 36527-5041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Coast Guard Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 01 / 2017**
Transaction ID : C3519242
 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) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 12 / 2017**
Transaction ID : C3518732
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.00
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 42 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Salisbury, Dennis, F., MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 S Crystal St
 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 ▼ 2000.00

Date of Receipt **05 / 23 / 2017**
Transaction ID : C3525501
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Salzberg, Paul, David, MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 898
 City Callicoon State NY Zip Code 12723-0898
 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 ▼ 730.00

Date of Receipt **05 / 11 / 2017**
Transaction ID : C3516969
 Amount of Each Receipt this Period 730.00
 Memo Item

C. Sams, Sarah, L., MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2994 Frazell Rd
 City Hilliard State OH Zip Code 43026-9785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Health Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **05 / 06 / 2017**
Transaction ID : C3515144
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 43 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sams, Trisha, Marie, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 127

City Utica	State NE	Zip Code 68456-0127
---------------	-------------	------------------------

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		2017

Transaction ID : C3524913

Amount of Each Receipt this Period
365.00

Memo Item

B. Sanders, Elizabeth, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Pillsbury St
Ste 401

City Concord	State NH	Zip Code 03301-3549
-----------------	-------------	------------------------

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		2017

Transaction ID : C3524853

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 2083 Compton Ave
Ste 105

City Corona	State CA	Zip Code 92881-7288
----------------	-------------	------------------------

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		14		2017

Transaction ID : C3520174

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1095.00
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 44 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Saulino, Evan, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 NE 29th Ave
 City Portland State OR Zip Code 97232-2411
 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 / 2017
Transaction ID : C3524912
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Sch?nau, Jesse, Taylor, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9260 Regents Rd Apt G
 City La Jolla State CA Zip Code 92037-1439
 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 / 2017
Transaction ID : C3526996
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Shaffrey, Thomas, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Union Ave Ste 1
 City Middlesex State NJ Zip Code 08846-1934
 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 / 23 / 2017
Transaction ID : C3525051
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.00
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 45 OF 67
	<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"/>	<input type="checkbox"/> 17

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

A. Sheets Olson, Barbara, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1049
 City Lisbon State ND Zip Code 58054-1049
 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 **2000.00**

Date of Receipt **05 / 14 / 2017**
Transaction ID : C3520172
 Amount of Each Receipt this Period **2000.00**
 Memo Item

B. Shook, Matthew, Wayne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6425 NE Oregon St
 City Portland State OR Zip Code 97213-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Medical Clinic Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 17 / 2017**
Transaction ID : C3521244
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. Solberg, Don, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 E Manitoba Ave
 City Ellensburg State WA Zip Code 98926-3842
 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 / 14 / 2017**
Transaction ID : C3520124
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2865.00
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 46 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Solis, Ana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 W Highway 98
 City Pensacola State FL Zip Code 32512-0001
 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 / 03 / 2017
Transaction ID : C3513638
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Spogen, Daniel, R, , MD, FAAFP
 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 05 / 09 / 2017
Transaction ID : C3515852
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Stenger, Robert, J, , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 627 S 5th St W
 City Missoula State MT Zip Code 59801-2615
 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 ▼ 365.00

Date of Receipt 05 / 22 / 2017
Transaction ID : C3524910
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
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 47 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stewart, Ada, Denise, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1313 Ashland Dr

City Columbia	State SC	Zip Code 29229-8414
------------------	-------------	------------------------

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		05		2017

Transaction ID : C3514997

Amount of Each Receipt this Period

365.00

 Memo Item

B. Stracener, Windel, Stracener Md, , MD, FAAFP
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) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : C3520358

Amount of Each Receipt this Period

312.50

 Memo Item

C. 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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : C3527765

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	927.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 675 Hoes Ln W
R-114

City Piscataway	State NJ	Zip Code 08854-8021
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2017

Transaction ID : C3526997

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4104 Harcourt Dr

City Austin	State TX	Zip Code 78727-5940
----------------	-------------	------------------------

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 / 2017

Transaction ID : C3530674

Amount of Each Receipt this Period
100.00

Memo Item

C. Tanner, Tina, Louise, , MD
 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) Self	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 / 2017

Transaction ID : C3524851

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Temporal, Michael, P, , MD, FAFAP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 717 Beartooth Cir

City Laurel	State MT	Zip Code 59044-9665
----------------	-------------	------------------------

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

Name of Employer (for Individual) Billings Clinic	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		24		2017

Transaction ID : C3526306

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1001 Noble St

City Fairbanks	State AK	Zip Code 99701-4948
-------------------	-------------	------------------------

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		05		2017

Transaction ID : C3514969

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 10961 S Kedzie Ave

City Chicago	State IL	Zip Code 60655-2219
-----------------	-------------	------------------------

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		23		2017

Transaction ID : C3525505

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1407.00
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 50 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Van Winkle, Lloyd, , MD, FAFAP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 Madrid St
Po Box 960

City Castroville State TX Zip Code 78009-4527

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 ▼ 400.00

Date of Receipt **05 / 04 / 2017**

Transaction ID : C3513899

Amount of Each Receipt this Period 50.00

Memo Item

B. Van Winkle, Lloyd, , MD, FAFAP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 Madrid St
Po Box 960

City Castroville State TX Zip Code 78009-4527

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 ▼ 400.00

Date of Receipt **05 / 27 / 2017**

Transaction ID : C3527757

Amount of Each Receipt this Period 50.00

Memo Item

C. Waits, John, Bryan, , MD, FAFAP
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 ▼ 500.00

Date of Receipt **05 / 22 / 2017**

Transaction ID : C3524848

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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		2017

Transaction ID : C3526307

Amount of Each Receipt this Period
100.00

Memo Item

B. Ward, Lisa, Maria, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1236 Seghesio Way

City Windsor	State CA	Zip Code 95492-7710
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Santa Rosa Community Health Centers	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
515.00

Date of Receipt

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

Transaction ID : C3516268

Amount of Each Receipt this Period
150.00

Memo Item

c. Wells, Tabatha, Selina, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2239 W Taylor St
Apt 1

City Chicago	State IL	Zip Code 60612-4233
-----------------	-------------	------------------------

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		03		2017

Transaction ID : C3513637

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 52 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wergin, Robert, L, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10500 W A St

City Lincoln	State NE	Zip Code 68532-9183
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

Transaction ID : C3513639

Amount of Each Receipt this Period
500.00

Memo Item

B. 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) 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		2017

Transaction ID : C3525042

Amount of Each Receipt this Period
210.00

Memo Item

C. Wherry, Richard, Andre, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 Tipton Dr

City Dahlonega	State GA	Zip Code 30533-1603
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Chestatee Regional Hospital	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		25		2017

Transaction ID : C3526575

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	960.00
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 53 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Winker, Nancy, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 Shady Dale Ln
 City Rutherfordton State NC Zip Code 28139-6645
 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 ▼ 393.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : C3527825
 Amount of Each Receipt this Period
 91.25
 Memo Item

B. Zebley, Joseph, W, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3810 Juniper Rd
 City Baltimore State MD Zip Code 21218-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenspring Medical Associates 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 / 2017
Transaction ID : C3524857
 Amount of Each Receipt this Period
 365.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	456.25
TOTAL This Period (last page this line number only).....	51721.21

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. 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 ▼
3662.03

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2017

Transaction ID : **C3523434**

Amount of Each Receipt this Period
761.14

Memo Item

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	761.14
TOTAL This Period (last page this line number only).....▶	761.14

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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		0	1		2	0	1	7

FEC Identification Number

C []

Transaction ID : D178827

Amount of Each Disbursement this Period

[] 35.16

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		0	1		2	0	1	7

FEC Identification Number

C []

Transaction ID : D178828

Amount of Each Disbursement this Period

[] 32.50

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
0	5		0	1		2	0	1	7

FEC Identification Number

C []

Transaction ID : D178829

Amount of Each Disbursement this Period

[] 7.95

Memo Item

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

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

[] 75.61

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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		0	3		2	0	1	7

FEC Identification Number

C []

Transaction ID : D178830

Amount of Each Disbursement this Period

[] 10.16

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		0	5		2	0	1	7

FEC Identification Number

C []

Transaction ID : D178831

Amount of Each Disbursement this Period

[] 35.75

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		0	8		2	0	1	7

FEC Identification Number

C []

Transaction ID : D178832

Amount of Each Disbursement this Period

[] 106.93

Memo Item

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

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

[] 152.84

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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		0	8		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D178833

Amount of Each Disbursement this Period

[REDACTED] 44.36

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		0	9		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D179105

Amount of Each Disbursement this Period

[REDACTED] 1.01

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	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D179106

Amount of Each Disbursement this Period

[REDACTED] 2.98

Memo Item

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

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

[REDACTED] 48.35

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of 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	2		2	0	1	7

FEC Identification Number

C []

Transaction ID : D179107

Amount of Each Disbursement this Period

[] 0.65 []

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	5		2	0	1	7

FEC Identification Number

C []

Transaction ID : D179108

Amount of Each Disbursement this Period

[] 46.48 []

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	5		2	0	1	7

FEC Identification Number

C []

Transaction ID : D179109

Amount of Each Disbursement this Period

[] 30.88 []

Memo Item

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

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

[] 78.01 []

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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	4		2	0	1	7

FEC Identification Number

C []

Transaction ID : D179115

Amount of Each Disbursement this Period

[] 83.77

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	6		2	0	1	7

FEC Identification Number

C []

Transaction ID : D179116

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		3	0		2	0	1	7

FEC Identification Number

C []

Transaction ID : D179117

Amount of Each Disbursement this Period

[] 8.13

Memo Item

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

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

[] 95.15

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D179118

Amount of Each Disbursement this Period

[REDACTED] 7.95

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		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D179119

Amount of Each Disbursement this Period

[REDACTED] 1.63

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		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : D179120

Amount of Each Disbursement this Period

[REDACTED] 4.93

Memo Item

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

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

[REDACTED] 14.51

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of 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	/	25	/	2017

FEC Identification Number

C []

Transaction ID : D179246

Amount of Each Disbursement this Period

[] 1.69

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

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

City
Spokane

State
WA

Zip Code
99210-2485

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	/	02	/	2017

FEC Identification Number

C []

Transaction ID : D178834

Amount of Each Disbursement this Period

[] 465.49

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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
	/		/	

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 467.18

[] 999.41

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. ALAN LOWENTHAL FOR CONGRESS

Full Name (Last, First, Middle Initial)
ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement Campaign contribution

Candidate Name Lowenthal, Alan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 47

Date of Disbursement 05 / 09 / 2017

FEC Identification Number C00498212
Transaction ID : D178835
Amount of Each Disbursement this Period 2500.00

Memo Item

B. DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial)
DAVID ROUZER FOR CONGRESS

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577-2267

Purpose of Disbursement Campaign contribution

Candidate Name Rouzer, David, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 07

Date of Disbursement 05 / 09 / 2017

FEC Identification Number C00501643
Transaction ID : D178822
Amount of Each Disbursement this Period 2500.00

Memo Item

C. MATSUI FOR CONGRESS

Full Name (Last, First, Middle Initial)
MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement Campaign contribution

Candidate Name Matsui, Doris, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 06

Date of Disbursement 05 / 09 / 2017

FEC Identification Number C00409219
Transaction ID : D178821
Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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 / 09 / 2017

FEC Identification Number

C C00327023

Transaction ID : D178819

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City
ATLANTA

State
GA

Zip Code
30301

Purpose of Disbursement
Campaign contribution

Candidate Name

Lewis, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 05

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number

C C00202416

Transaction ID : D178820

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City
TAMPA

State
FL

Zip Code
33606

Purpose of Disbursement
Campaign contribution

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number

C C00410761

Transaction ID : D178825

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Campaign contribution

Candidate Name Thompson, Mike, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number

C C00326363

Transaction ID : D178823

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement Campaign contribution

Candidate Name Ruiz, Raul, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 36

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number

C C00502575

Transaction ID : D178826

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511-6311

Purpose of Disbursement Campaign contribution

Candidate Name DeLauro, Rosa, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CT District: 03

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number

C C00238865

Transaction ID : D178824

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican MainStreet Partnership PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2017

Mailing Address 1220 L St NW
Ste 100-263

City Washington State DC Zip Code 20005-4018

Purpose of Disbursement
Reporting lost check - never cashed

FEC Identification Number

C C00165159

Transaction ID : D178960

Amount of Each Disbursement this Period

- 5000.00

Candidate Name

Category/
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2017

Mailing Address 175 S West Temple
Ste 650

City Salt Lake City State UT Zip Code 84101-1422

Purpose of Disbursement
Campaign contribution

FEC Identification Number

C C00104752

Transaction ID : D178818

Amount of Each Disbursement this Period

5000.00

Candidate Name

Category/
Type

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

Memo Item

State: UT District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C -----

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

Memo Item

State: District:

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

5000.00

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

27500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : D178960

Original \$5,000 disbursement dated May 20, 2016, to Main Street Partnership never cashed, check lost.

Form/Schedule:

Transaction ID: