

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Academy of Family Physicians Political Action Committee

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

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

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

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Cribben, Mark, V, , [Electronically Filed] Date 10 / 30 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		477016.76
(b) Cash on Hand at Beginning of Reporting Period.....	477885.70	
(c) Total Receipts (from Line 19)	14564.12	361362.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	492449.82	838379.51
7. Total Disbursements (from Line 31).....	15981.40	505741.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	332638.42	332638.42
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

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10613.87	230653.94
(ii) Unitemized	3563.00	118661.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14176.87	349315.62
(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)	14176.87	349315.62
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).....	387.25	7047.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14564.12	361362.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14564.12	361362.75

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	311.40	7631.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	311.40	7631.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109500.00	445500.00
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	2610.00
(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	2610.00
29. Other Disbursements (Including Non-Federal Donations).....	50000.00	50000.00
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)) ..	159811.40	505741.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	159811.40	505741.09

DETAILED SUMMARY PAGE
of Disbursements

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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)	14176.87	349315.62
34. Total Contribution Refunds (from Line 28(d))	0.00	2610.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14176.87	346705.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	311.40	7631.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	387.25	7047.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 75.85	583.96

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

Form/Schedule: F3XA
Transaction ID :

Amended to correct duplicate donation entries

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Anderson, Robin, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2017 Pleasure House Rd
 City Virginia Beach State VA Zip Code 23455-2709
 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 ▼ 336.00

Date of Receipt 09 / 30 / 2018
Transaction ID : C3782732
 Amount of Each Receipt this Period 56.00
 Memo Item

B. Bartos, Justin, V, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 City Point Dr Ste 201 Ste 201
 City North Richland Hills State TX Zip Code 76180-8380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 19 / 2018
Transaction ID : C3777935
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Batish, Sanjay, Batish Md, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 837
 City Leland State NC Zip Code 28451-0837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Batish Medical Services Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2018
Transaction ID : C3779116
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	206.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bezard, Herve, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Adams Blvd
 City Boulder City State NV Zip Code 89005-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herve Bezard MD, Ltd Occupation (for Individual) family physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 12 / 2018
Transaction ID : C3773950
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Bingham, Rebecca, J, MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 E Dimond Blvd Ste 1
 City Anchorage State AK Zip Code 99515-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alpine Urgent Care Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 273.68

Date of Receipt 09 / 14 / 2018
Transaction ID : C3774854
 Amount of Each Receipt this Period 30.46
 Memo Item

C. 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 ▼ 900.00

Date of Receipt 09 / 15 / 2018
Transaction ID : C3775314
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	495.46
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Botsford, Lindsay, Kathryn, , MD, MBA, C
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2506 Hazard St

City Houston	State TX	Zip Code 77019-6756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Memorial Hermann Hospital System	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : C3772787

Amount of Each Receipt this Period

31.00

 Memo Item

B. Bozeman, Charles, H, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 641 Middle Creek Rd

City Sevierville	State TN	Zip Code 37862-5014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Family Physician
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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
09		05		2018

Transaction ID : C3771010

Amount of Each Receipt this Period

365.00

 Memo Item

C. Braun, Edward, W, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6919 N Dale Mabry Hwy Ste 300
Ste 300

City Tampa	State FL	Zip Code 33614-3972
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : C3781436

Amount of Each Receipt this Period

50.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	446.00
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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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. Cook, Jonathan, Mitchell, , DO, FAAFP		Date of Receipt
Mailing Address 632 Chesterfield Rd		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2018"/>
City Bogart	State GA	Zip Code 30622-6817
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3770091
Name of Employer (for Individual) Clarke-Oconee Family Practice		Amount of Each Receipt this Period <input type="text" value="42.00"/>
Occupation (for Individual) Family Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="336.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawford, Steven, A, , MD, FAAFP		Date of Receipt
Mailing Address 900 NE 10th St		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2018"/>
City Oklahoma City	State OK	Zip Code 73104-5420
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3770065
Name of Employer (for Individual) University of Oklahoma		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Family Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Davis, Kisha, Nicole, , MD, MPH, F		Date of Receipt
Mailing Address 12342 Fellowship Ln		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2018"/>
City North Potomac	State MD	Zip Code 20878-3403
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3773740
Name of Employer (for Individual) CHI Health Care; CFAR		Amount of Each Receipt this Period <input type="text" value="30.50"/>
Occupation (for Individual) Physician; Project Manager		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="273.50"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="572.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Douglas, Chad, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6008 Nw 162Nd St
 City Edmond State OK Zip Code 73013-9740
 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 246.00

Date of Receipt 09 / 30 / 2018
Transaction ID : C3782733
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Duggirala, Amar, V, , DO, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19710 Fisher Ave Ste J
 City Poolesville State MD Zip Code 20837-2098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Poolesville Family Practice, LLC Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 465.00

Date of Receipt 09 / 17 / 2018
Transaction ID : C3775455
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fan, Ellen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3268 Sunrise Ct
 City Zionsville State IN Zip Code 46077-7841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eskenazi Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 09 / 11 / 2018
Transaction ID : C3773919
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	506.00
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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fiesinger, Troy, Treanor, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5823 Paisley St
 City Houston State TX Zip Code 77096-3910
 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 ▼ 306.00

Date of Receipt 09 / 26 / 2018
Transaction ID : C3780910
 Amount of Each Receipt this Period 34.00
 Memo Item

B. Flynn, Jessica, Mary, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5270 Se 74Th Ave
 City Portland State OR Zip Code 97206-5211
 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 09 / 12 / 2018
Transaction ID : C3774160
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Franklin, Rachel, M, , MD, FAFAP
 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 Health Sciences Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 21 / 2018
Transaction ID : C3782653
 Amount of Each Receipt this Period 30.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	429.42
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 17 Henderson Hill Rd

City Newark	State DE	Zip Code 19711-5958
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Family Medicine at Greenhill	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2018

Transaction ID : C3779953

Amount of Each Receipt this Period
365.00

Memo Item

B. Green, Vincent, Edward, , MD, FAAFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 877 W Faris Rd

City Greenville	State SC	Zip Code 29605-4289
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : C3773953

Amount of Each Receipt this Period
40.55

Memo Item

c. Gruenbacher, Douglas, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 510

City Quinter	State KS	Zip Code 67752-0510
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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 ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : C3779117

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	490.55
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hahn, Connie, H, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Hyalite View Dr

City Bozeman	State MT	Zip Code 59718-7377
-----------------	-------------	------------------------

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 ▼
328.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2018

Transaction ID : C3775456

Amount of Each Receipt this Period
36.50

Memo Item

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

Mailing Address 5318 Cadwallader Sonk Rd

City Fowler	State OH	Zip Code 44418-9735
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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 ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : C3781943

Amount of Each Receipt this Period
45.00

Memo Item

C. Herpin, Anne-Marie, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13803 Woodthorpe Ln

City Houston	State TX	Zip Code 77079-5818
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2018

Transaction ID : C3773944

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	131.50
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 15 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Heyl, Scott, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 Center Ave Apt 2
 Apt 2
 City Pittsburgh State PA Zip Code 15229-1724
 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 **273.78**

Date of Receipt **09 / 17 / 2018**
Transaction ID : C3775457
 Amount of Each Receipt this Period **30.42**
 Memo Item

B. Iroku-Malize, Tochi, I L, , MD, MPH, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E Main St
 City Bay Shore State NY Zip Code 11706-8408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Chair Family Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **468.00**

Date of Receipt **09 / 27 / 2018**
Transaction ID : C3781437
 Amount of Each Receipt this Period **52.00**
 Memo Item

C. Jarvis, James, William, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Union St Ste 12
 Ste 12
 City Bangor State ME Zip Code 04401-3054
 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 **312.50**

Date of Receipt **09 / 24 / 2018**
Transaction ID : C3782698
 Amount of Each Receipt this Period **62.50**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.92
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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kamboj, Sukhjeet, Kaur, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 Greystone Dr
 City Lebanon State PA Zip Code 17042-4602
 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 ▼ 230.00

Date of Receipt 09 / 02 / 2018
Transaction ID : C3770073
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Knight, Clif, Knight Md, , 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) American Academy of Family Physicians Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2018
Transaction ID : C3770079
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Knudson, Jason, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 N 10Th St
 City Spearfish State SD Zip Code 57783-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Health Physicians Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 968.00

Date of Receipt 09 / 25 / 2018
Transaction ID : C3780300
 Amount of Each Receipt this Period 52.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lawrence, Darlene, L, , MD, FAFAP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 Gallatin PI Ne

City Washington	State DC	Zip Code 20017-3101
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : C3773946

Amount of Each Receipt this Period
365.00

Memo Item

B. Leavens, Deborah, I, , MD, FAFAP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7101 Capitol View Dr

City McLean	State VA	Zip Code 22101-2617
----------------	-------------	------------------------

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

Name of Employer (for Individual) Herndon Family Medicine	Occupation (for Individual) 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
09		08		2018

Transaction ID : C3773735

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 326 Nichols Rd

City Fitchburg	State MA	Zip Code 01420-1914
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UMass Medical School	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : C3779966

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.00
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 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. LeRoy, Gary, L, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 434 E 1St St Ste 102
 Ste 102
 City Dayton State OH Zip Code 45402-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright State University Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.72

Date of Receipt 09 / 27 / 2018
Transaction ID : C3782685
 Amount of Each Receipt this Period 111.12
 Memo Item

B. Manteca, Jesus, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 494 Lee St
 City Des Plaines State IL Zip Code 60016-4607
 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 ▼ 1606.00

Date of Receipt 09 / 12 / 2018
Transaction ID : C3774158
 Amount of Each Receipt this Period 803.00
 Memo Item

C. Martin, Kevin, B, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 N Sampson St
 City Ellensburg State WA Zip Code 98926-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kittitas Valley Healthcare Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 07 / 2018
Transaction ID : C3772788
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	999.12
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 19 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Martin, R. Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2722 Orday St NW
 Apt 1
 City Washington State DC Zip Code 20008-5045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAFP Occupation (for Individual) Vice President, Practice Advancement
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 675.00

Date of Receipt 09 / 21 / 2018
Transaction ID : C3779257
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Meigs, John, S, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 289
 City Brent State AL Zip Code 35034-0289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 09 / 12 / 2018
Transaction ID : C3774154
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Melton, Samuel, Hughes, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23104 Virginia Trl
 City Bristol State VA Zip Code 24202-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commonwealth of Virginia Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1108.00

Date of Receipt 09 / 02 / 2018
Transaction ID : C3770074
 Amount of Each Receipt this Period 52.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	277.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Melton, Samuel, Hughes, , MD, FAFP

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

Mailing Address 23104 Virginia Trl

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

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

Name of Employer (for Individual) Commonwealth of Virginia	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1108.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : C3781438

Amount of Each Receipt this Period
100.00

Memo Item

B. Mills, Terry, Lee, , MD, MMM, C

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

Mailing Address 11420 S Granite Pl

City Tulsa	State OK	Zip Code 74137-8113
---------------	-------------	------------------------

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

Name of Employer (for Individual) St John Clinic	Occupation (for Individual) Family Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : C3782686

Amount of Each Receipt this Period
100.00

Memo Item

C. Miser, W., Fred, , MD, MA, FA

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

Mailing Address 5379 Stockton Ct

City Powell	State OH	Zip Code 43065-8602
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : C3786797

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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 ▼ 2250.00

Date of Receipt 09 / 27 / 2018
Transaction ID : C3781439
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Moquist, Dale, C, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Sky Ln
 City Horseshoe Bay State TX Zip Code 78657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 824.94

Date of Receipt 09 / 09 / 2018
Transaction ID : C3782688
 Amount of Each Receipt this Period 91.66
 Memo Item

C. Muhammad, Shani, Ife, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 Lakeview Cir
 City San Ramon State CA Zip Code 94582-4867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Integrated Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 27 / 2018
Transaction ID : C3781440
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	381.66
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 22 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mumford, James, Mumford Md, , MD, FAFAP

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

Mailing Address 40 E 9th St
Apt 4J

City New York State NY Zip Code 10003-6423

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

Name of Employer (for Individual) Northwell Health Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2018

Transaction ID : C3777333

Amount of Each Receipt this Period 500.00

Memo Item

B. Nguyen, Mary, Suzanne, , MD, FAFAP

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 ▼ 650.00

Date of Receipt 09 / 07 / 2018

Transaction ID : C3780289

Amount of Each Receipt this Period 50.00

Memo Item

C. Nguyen, Mary, Suzanne, , MD, FAFAP

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 ▼ 650.00

Date of Receipt 09 / 25 / 2018

Transaction ID : C3780301

Amount of Each Receipt this Period 50.00

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

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

A. Olden, Carl, Raymond, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 S 72Nd Ave Ste 100
 Ste 100
 City Yakima State WA Zip Code 98908-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yakima Valley Memorial Hospital Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 07 / 2018
Transaction ID : C3772789
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 1215.00

Date of Receipt 09 / 03 / 2018
Transaction ID : C3770092
 Amount of Each Receipt this Period 135.00
 Memo Item

C. Padden, Maureen, O, , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 E Intendencia St
 City Pensacola State FL Zip Code 32502-6137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sacred Heart / Ascension Healthcare Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 09 / 10 / 2018
Transaction ID : C3773742
 Amount of Each Receipt this Period 52.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	287.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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 1 Wesley Xing

City Savannah	State GA	Zip Code 31411-1724
------------------	-------------	------------------------

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
09		05		2018

Transaction ID : C3770999

Amount of Each Receipt this Period
300.00

Memo Item

B. Peters, Douglas, W, , MD, FAAFP

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

Mailing Address 1201 W Agency Rd

City W Burlington	State IA	Zip Code 52655-1645
----------------------	-------------	------------------------

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
09		06		2018

Transaction ID : C3771817

Amount of Each Receipt this Period
250.00

Memo Item

C. Recinos, Sheryl, , , MD

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

Mailing Address Po Box 802665

City Santa Clarita	State CA	Zip Code 91380-2665
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : C3782689

Amount of Each Receipt this Period
100.00

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

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

A. Reeves, Leonard, Daniel, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 E 3Rd Ave
 City Rome State GA Zip Code 30161-3241
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) GHSU Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : C3782690
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Richards, Donna, Roxanne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3237 Randolph Court Dr
 City Ann Arbor State MI Zip Code 48108-2178
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 09 / 18 / 2018
Transaction ID : C3777571
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Righter, Elisabeth, L, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2261 Philadelphia Dr
 City Dayton State OH Zip Code 45406
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.72

Date of Receipt 09 / 29 / 2018
Transaction ID : C3784222
 Amount of Each Receipt this Period 111.12
 Memo Item

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

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

A. Rosado-Cosme, Rafael, Angel, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28557 Haskell Canyon Rd
 City Santa Clarita State CA Zip Code 91390-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCPMG Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2018
Transaction ID : C3770097
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Sadri-Azarbayejani, Flora, F, , DO, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 S Mountain Rd
 City Northfield State MA Zip Code 01360-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clean Slate Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018
Transaction ID : C3773955
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sams, Sarah, L, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6301 Lakeview Dr E
 City Grove City State OH Zip Code 43123-9357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 10 / 2018
Transaction ID : C3773743
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sanchez, Dennis, James S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3529 Firestone Blvd

City South Gate	State CA	Zip Code 90280-3031
--------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

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

Transaction ID : C3770997

Amount of Each Receipt this Period
300.00

Memo Item

B. Schonau, Jesse, Taylor, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7114 Camp Alger Ave

City Falls Church	State VA	Zip Code 22042-3708
----------------------	-------------	------------------------

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

Name of Employer (for Individual) US Navy	Occupation (for Individual) Family Physician
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : C3780911

Amount of Each Receipt this Period
50.00

Memo Item

C. Selassie, Daniel, Haile, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 635 Cloud PI

City West Chester	State PA	Zip Code 19380-7042
----------------------	-------------	------------------------

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
09		05		2018

Transaction ID : C3771000

Amount of Each Receipt this Period
250.00

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

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

A. Spencer, Jeanne, Spencer Md, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1086 Franklin St
 City Johnstown State PA Zip Code 15905-4305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Conemaugh FMRP Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2018
Transaction ID : C3774161
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Stracener, Windel, Stracener Md, , MD, FAFAP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1333 Hunters Pointe Dr
 City Richmond State IN Zip Code 47374-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne County Health Department Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 27 / 2018
Transaction ID : C3781441
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Stream, Glen, R, , MD, FAFAP
 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 ▼ 2000.00

Date of Receipt 09 / 03 / 2018
Transaction ID : C3770088
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sugimoto, Brent, Katsumi, , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2421 San Mateo St
 City Richmond State CA Zip Code 94804-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Permanente Medical Group Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2018
Transaction ID : C3779967
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Swegler, Erica, Williams, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4208 Medical Pkwy
 City Austin State TX Zip Code 78756-3310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 16 / 2018
Transaction ID : C3782691
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Tanner, Tina, Louise, , MD, FAAFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5181 Forrest St
 City Montague State MI Zip Code 49437-9345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health Physician Partners Occupation (for Individual) Family Physician/medical director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2018
Transaction ID : C3781442
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 173 E Cotton Hill Rd

City New Hartford	State CT	Zip Code 06057-3524
----------------------	-------------	------------------------

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 ▼
228.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : C3782699

Amount of Each Receipt this Period
45.62

Memo Item

B. Van Winkle, Lloyd, Van Winkle Md, , MD, FAAFP
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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : C3784737

Amount of Each Receipt this Period
50.00

Memo Item

C. Van Winkle, Lloyd, Van Winkle Md, , MD, FAAFP
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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : C3784738

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.62
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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : C3779968

Amount of Each Receipt this Period
100.00

Memo Item

B. Wells, Jonathan, Franklin, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5001 California Ave Sw Apt 202

City Seattle	State WA	Zip Code 98136-1292
-----------------	-------------	------------------------

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 ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : C3782693

Amount of Each Receipt this Period
35.00

Memo Item

C. Westby, Andrea, K, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4058 Vincent Ave N

City Minneapolis	State MN	Zip Code 55412-1508
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : C3773923

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 53
(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

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

Mailing Address 6040 Haybury Dr

City New Albany State OH Zip Code 43054-8691

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1890.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2018

Transaction ID : C3779957

Amount of Each Receipt this Period
 210.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	10613.87

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 53
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7047.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2018

Transaction ID : C3781937

Amount of Each Receipt this Period

387.25

 Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	387.25
TOTAL This Period (last page this line number only).....▶	387.25

**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	9		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : D184508

Amount of Each Disbursement this Period

[REDACTED] 16.25

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	9		0	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : D184509

Amount of Each Disbursement this Period

[REDACTED] 4.39

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	9		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : D184985

Amount of Each Disbursement this Period

[REDACTED] 0.81

Memo Item

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

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

[REDACTED] 21.45

[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	9		1	2		2	0	1	8

FEC Identification Number

C []

Transaction ID : D184989

Amount of Each Disbursement this Period

[] 0.81

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	9		1	4		2	0	1	8

FEC Identification Number

C []

Transaction ID : D184990

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	8

FEC Identification Number

C []

Transaction ID : D184991

Amount of Each Disbursement this Period

[] 3.25

Memo Item

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

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

[] 7.31

[]

**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	9		2	1		2	0	1	8

FEC Identification Number

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

Transaction ID : D184992

Amount of Each Disbursement this Period

									1.63

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

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

Transaction ID : D184993

Amount of Each Disbursement this Period

									2.76

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	8

FEC Identification Number

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

Transaction ID : D184994

Amount of Each Disbursement this Period

									3.25

Memo Item

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

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

									7.64

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Bank Of America Merchant Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fee

FEC Identification Number

C

Transaction ID : D184510

Amount of Each Disbursement this Period

217.82

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. Mobilecause, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Mailing Address 27001 Agoura Rd.
Suite 350A

City Calabasas Hills State CA Zip Code 91301

Purpose of Disbursement
Bank Card Processing Fee

FEC Identification Number

C

Transaction ID : D184511

Amount of Each Disbursement this Period

21.83

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)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

--

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)..... ▶

239.65

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

311.40

**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. Healthcare Freedom Fund

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152-0485

Purpose of Disbursement
Campaign contribution

Candidate Name

Roe, Phil, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00528414

Transaction ID : D184972

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City
Annapolis

State
MD

Zip Code
21404

Purpose of Disbursement
Campaign contribution

Candidate Name

Harris, Andy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00435974

Transaction ID : D184964

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BARBARA LEE FOR CONGRESS

Mailing Address PO Box 65322

City
Washington

State
DC

Zip Code
20035-5322

Purpose of Disbursement
Campaign contribution

Candidate Name

Lee, Barbara, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00331769

Transaction ID : D184895

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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. PEOPLE FOR BEN

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594-1129

Purpose of Disbursement
Campaign contribution

Candidate Name

Lujan, Ben, Ray, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00443689

Transaction ID : D184896

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHNEIDER FOR CONGRESS

Mailing Address 415 New Jersey Ave SE
Apt 1

City
Washington

State
DC

Zip Code
20003-4036

Purpose of Disbursement
Campaign contribution

Candidate Name

Schneider, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00495952

Transaction ID : D184901

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Campaign contribution

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00445023

Transaction ID : D184971

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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. BUDDY CARTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address 411 1st St SE

FEC Identification Number

C C00543967

City Washington State DC Zip Code 20003-1827

Transaction ID : D184970

Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

1500.00

Candidate Name

Carter, Earl, L., Rep.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B. DIANA DEGETTE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address 228 2nd St SE

FEC Identification Number

C C00311639

City Washington State DC Zip Code 20003-1943

Transaction ID : D184903

Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

2500.00

Candidate Name

DeGette, Diana, , Rep.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. ENGEL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address 38 Ivy St SE

FEC Identification Number

C C00236513

City Washington State DC Zip Code 20003-4006

Transaction ID : D184902

Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

2500.00

Candidate Name

Engel, Eliot, L., Rep.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 17

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. UPTON FOR ALL OF US

Mailing Address 104 Hume Ave

City
Alexandria

State
VA

Zip Code
22301-1015

Purpose of Disbursement
Campaign contribution

Candidate Name

Upton, Fred, , Rep.,

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00200584

Transaction ID : D184975

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City
HOOD RIVER

State
OR

Zip Code
97031

Purpose of Disbursement
Campaign contribution

Candidate Name

Walden, Greg, , Rep.,

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00333427

Transaction ID : D184976

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688-0606

Purpose of Disbursement
Campaign contribution

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00408534

Transaction ID : D184905

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. COURTNEY FOR CONGRESS

Mailing Address 228 2nd St SE

City
Washington

State
DC

Zip Code
20003-1943

Purpose of Disbursement
Campaign contribution

Candidate Name

Courtney, Joe, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	8

FEC Identification Number

C C00410233

Transaction ID : D184897

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address 330 Main St

City
Hartford

State
CT

Zip Code
06106-1860

Purpose of Disbursement
Campaign contribution

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	8

FEC Identification Number

C C00330142

Transaction ID : D184887

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JUDY CHU FOR CONGRESS

Mailing Address 1531 Purdue Ave

City
Los Angeles

State
CA

Zip Code
90025-3104

Purpose of Disbursement
Campaign contribution

Candidate Name

Chu, Judy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	8

FEC Identification Number

C C00458125

Transaction ID : D184891

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

A. CASTOR FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 301 W Platt St # 385
City Tampa State FL Zip Code 33606-2292
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: 09 / 27 / 2018
FEC Identification Number: C000410761
Transaction ID : D184904
Amount of Each Disbursement this Period: 1500.00
 Memo Item

B. BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 8277
City THE WOODLANDS State TX Zip Code 77387
Purpose of Disbursement Campaign contribution
Candidate Name **Brady, Kevin, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 08

Date of Disbursement: 09 / 07 / 2018
FEC Identification Number: C000311043
Transaction ID : D184523
Amount of Each Disbursement this Period: 2500.00
 Memo Item

C. BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 8277
City THE WOODLANDS State TX Zip Code 77387
Purpose of Disbursement Campaign contribution
Candidate Name **Brady, Kevin, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 08

Date of Disbursement: 09 / 28 / 2018
FEC Identification Number: C000311043
Transaction ID : D184968
Amount of Each Disbursement this Period: 2500.00
 Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 213 Ashby St

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

City Alexandria State VA Zip Code 22305-2902

FEC Identification Number

Purpose of Disbursement
Campaign contribution

C	C00420935
---	-----------

Candidate Name
McCarthy, Kevin, , Rep.,

Category/
Type

Transaction ID : D184522

Amount of Each Disbursement this Period

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

2500.00

State: CA District: 22

Memo Item

B. BUCSHON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 40323

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

City Washington State DC Zip Code 20016-0323

FEC Identification Number

Purpose of Disbursement
Campaign contribution

C	C00468256
---	-----------

Candidate Name
Bucshon, Larry, , Rep.,

Category/
Type

Transaction ID : D184900

Amount of Each Disbursement this Period

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

2500.00

State: IN District: 08

Memo Item

C. LANCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1006 Pendleton St

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

City Alexandria State VA Zip Code 22314-1837

FEC Identification Number

Purpose of Disbursement
Campaign contribution

C	C00444224
---	-----------

Candidate Name
Lance, Leonard, , Rep.,

Category/
Type

Transaction ID : D184524

Amount of Each Disbursement this Period

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

2500.00

State: NJ District: 07

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. DOGGETT FOR US CONGRESS

Mailing Address PO Box 5843

City
Austin

State
TX

Zip Code
78763-5843

Purpose of Disbursement
Campaign contribution

Candidate Name

Doggett, Lloyd, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00286500

Transaction ID : D184892

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address 499 S Capitol St SW
Ste 422

City
Washington

State
DC

Zip Code
20003-4011

Purpose of Disbursement
Campaign contribution

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00502179

Transaction ID : D184962

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Campaign contribution

Candidate Name

Burgess, Michael, C., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00372532

Transaction ID : D184969

Amount of Each Disbursement this Period

2500.00

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. SIMPSON FOR CONGRESS

Mailing Address PO Box 1541

City
Boise

State
ID

Zip Code
83701-1541

Purpose of Disbursement
Campaign contribution

Candidate Name

Simpson, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00331397

Transaction ID : D184977

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address 1006 Pendleton St

City
Alexandria

State
VA

Zip Code
22314-1837

Purpose of Disbursement
Campaign contribution

Candidate Name

Roskam, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00410969

Transaction ID : D184533

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement
Campaign contribution

Candidate Name

Marshall, Roger, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00576173

Transaction ID : D184966

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. FRIENDS OF ROSA DELAURO

Mailing Address 7014 Capitol View Dr

City Mc Lean State VA Zip Code 22101-2614

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
09 / 27 / 2018

FEC Identification Number

C C00238865

Transaction ID : D184898

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Mailing Address 317 15th St NE

City Washington State DC Zip Code 20002-6501

Purpose of Disbursement
Campaign contribution

Candidate Name
Scalise, Steve, , Rep.,

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

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00394957

Transaction ID : D184973

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Campaign contribution

Candidate Name
Stivers, Steve, , Rep.,

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

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00441352

Transaction ID : D184974

Amount of Each Disbursement this Period

2000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City
NORMAN

State
OK

Zip Code
73070

Purpose of Disbursement
Campaign contribution

Candidate Name

Cole, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00379735

Transaction ID : D184965

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Republican MainStreet Partnership PAC

Mailing Address 1300 Pennsylvania Ave NW
Ste 190

City
Washington

State
DC

Zip Code
20004-3042

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2018

FEC Identification Number

C C00165159

Transaction ID : D184527

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR US SENATE

Mailing Address 1006 Pendleton St

City
Alexandria

State
VA

Zip Code
22314-1837

Purpose of Disbursement
Campaign contribution

Candidate Name

Cassidy, Bill, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2018

FEC Identification Number

C C00543983

Transaction ID : D184888

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. FRIENDS OF CHRIS MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address 415 New Jersey Ave SE
Suite 1

City Washington State DC Zip Code 20003-4036

Purpose of Disbursement
Campaign contribution

FEC Identification Number

C C00492645

Transaction ID : D184893

Amount of Each Disbursement this Period

1500.00

Candidate Name

Murphy, Christopher, S., Sen.,

Category/
Type

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

State: IL District: 00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCASKILL FOR MISSOURI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address 660 Pennsylvania Ave SE
Ste 201

City Washington State DC Zip Code 20003-4316

Purpose of Disbursement
Campaign contribution

FEC Identification Number

C C00431304

Transaction ID : D184889

Amount of Each Disbursement this Period

5000.00

Candidate Name

McCaskill, Claire, , Sen.,

Category/
Type

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

State: WV District: 00

Memo Item

Full Name (Last, First, Middle Initial)

C. CORY GARDNER FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address 1020 N Fairfax St

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement
Campaign contribution

FEC Identification Number

C C00492454

Transaction ID : D184963

Amount of Each Disbursement this Period

2500.00

Candidate Name

Gardner, Cory, , Sen.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CO District: 00

Memo Item

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

9000.00

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

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

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FOR LINE NUMBER:
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<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. MANCHIN FOR WEST VIRGINIA

Mailing Address 660 Pennsylvania Ave SE
Ste 201

City Washington State DC Zip Code 20003-4365

Purpose of Disbursement
Campaign contribution

Candidate Name
Manchin, Joe, , Sen., III

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

State: WV District: 00

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00486563

Transaction ID : D184890

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address 1020 N Fairfax St
Ste 201

City Alexandria State VA Zip Code 22314-2068

Purpose of Disbursement
Campaign contribution

Candidate Name
Barrasso, John, , Sen.,

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

State: WY District: 00

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2018

FEC Identification Number

C C00436386

Transaction ID : D184528

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ALEXANDER FOR SENATE 2020 INC

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Campaign contribution

Candidate Name
Alexander, Lamar, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00383745

Transaction ID : D184967

Amount of Each Disbursement this Period

2500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Democratic Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Mailing Address 1225 I St NW
Ste 1100

City Washington State DC Zip Code 20005-3914

Purpose of Disbursement
Campaign contribution

FEC Identification Number

C []

Transaction ID : D184525
Amount of Each Disbursement this Period

[] 25000.00

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. Republican Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Mailing Address 1747 Pennsylvania Ave NW
Ste 250

City Washington State DC Zip Code 20006-4643

Purpose of Disbursement
Campaign contribution

FEC Identification Number

C []

Transaction ID : D184526
Amount of Each Disbursement this Period

[] 25000.00

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)

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)..... ▶

[] 50000.00

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

[] 50000.00