

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		101632.34
(b) Cash on Hand at Beginning of Reporting Period.....	107061.73	
(c) Total Receipts (from Line 19)	23866.44	41651.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	130928.17	143284.22
7. Total Disbursements (from Line 31).....	20764.00	33120.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	110164.17	110164.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6858.44	10568.44
(ii) Unitemized	17008.00	31083.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23866.44	41651.88
(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)	23866.44	41651.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23866.44	41651.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23866.44	41651.88

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	264.00	620.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	264.00	620.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	32500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20764.00	33120.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20764.00	33120.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	23866.44	41651.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23866.44	41651.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	264.00	620.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	264.00	620.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Jeremy Adler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1364 Missouri St
 City San Diego State CA Zip Code 92109-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Pain Medicine Occupation PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : C3325844
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. M. Randolph Bundschu PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Drexel Ave
 City Decatur State GA Zip Code 30030-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Emory Clinic Cardiothoracic Surgery Occupation Ped: Cardiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : C3325752
 Amount of Each Receipt this Period
 100.00
 Memo Item

c. M. Randolph Bundschu PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Drexel Ave
 City Decatur State GA Zip Code 30030-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Emory Clinic Cardiothoracic Surgery Occupation Ped: Cardiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : C3325755
 Amount of Each Receipt this Period
 300.00
 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 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kristin Butterfield Vickery
 Full Name (Last, First, Middle Initial)
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AAPA Occupation: Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **236.00**

Date of Receipt: **04 / 19 / 2016**
Transaction ID : C3297638
 Amount of Each Receipt this Period: **50.00**
 Memo Item

B. Kristin Butterfield Vickery
 Full Name (Last, First, Middle Initial)
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AAPA Occupation: Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **236.00**

Date of Receipt: **04 / 26 / 2016**
Transaction ID : C3302942
 Amount of Each Receipt this Period: **31.00**
 Memo Item

C. Kristin Butterfield Vickery
 Full Name (Last, First, Middle Initial)
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AAPA Occupation: Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **236.00**

Date of Receipt: **05 / 23 / 2016**
Transaction ID : C3320749
 Amount of Each Receipt this Period: **31.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.00
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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kristin Butterfield Vickery
 Full Name (Last, First, Middle Initial)
 Mailing Address 8713 Gateshead Rd
 City Alexandria State VA Zip Code 22309-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAPA Occupation Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt 06 / 23 / 2016
Transaction ID : C3339089
 Amount of Each Receipt this Period 31.00
 Memo Item

B. John F. Byrnes PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 Edgewater Dr
 City Orlando State FL Zip Code 32804-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Clinical Services Occupation Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2016
Transaction ID : C3325756
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Elizabeth A. Coyte PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 13964 Delta Cir # C
 City Redfield State IA Zip Code 50233-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southside Center Occupation Family Medicine wt Urgent Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2016
Transaction ID : C3320773
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	531.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Elizabeth A. Coyte PA-C
Full Name (Last, First, Middle Initial)
Mailing Address 13964 Delta Cir # C
City Redfield State IA Zip Code 50233-6106
FEC ID number of contributing federal political committee. **C**
Name of Employer Southside Center Occupation Family Medicine wt Urgent Care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 23 / 2016**
Transaction ID : C3320778
Amount of Each Receipt this Period **400.00**
 Memo Item

B. L. Gail Curtis PA-C
Full Name (Last, First, Middle Initial)
Mailing Address 3056 Upland Pl
City Clemmons State NC Zip Code 27012-9005
FEC ID number of contributing federal political committee. **C**
Name of Employer Wake Forest Univ Occupation PA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 02 / 2016**
Transaction ID : C3351363
Amount of Each Receipt this Period **500.00**
 Memo Item

C. James Davis
Full Name (Last, First, Middle Initial)
Mailing Address 1610 S 1200 E
City Salt Lake City State UT Zip Code 84105-2520
FEC ID number of contributing federal political committee. **C**
Name of Employer BFS Occupation Information Requested
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 02 / 2016**
Transaction ID : C3325855
Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michelle Ona DiBaise MPAS, PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 5233 E Hartford Ave
 City Scottsdale State AZ Zip Code 85254-5898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Arizona Univ Occupation PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2016
Transaction ID : C3325848
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jennifer Dorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 26 / 2016
Transaction ID : C3302933
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Jennifer Dorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 23 / 2016
Transaction ID : C3320741
 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 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Jennifer Dorn

Mailing Address 2318 Mill Rd Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : C3339081

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tillie Fowler

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : C3302947

Amount of Each Receipt this Period
 40.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Tillie Fowler

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : C3320754

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Tillie Fowler
Full Name (Last, First, Middle Initial)
Mailing Address 2318 Mill Rd Suite 1300
City Alexandria State VA Zip Code 22314-6868
FEC ID number of contributing federal political committee. **C**
Name of Employer American Academy of Physician Assistan Occupation Staff
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 06 / 23 / 2016
Transaction ID : C3339094
Amount of Each Receipt this Period 40.00
 Memo Item

B. Ed Friedmann PA-C
Full Name (Last, First, Middle Initial)
Mailing Address 1013 1st St
City Redfield State IA Zip Code 50233-0903
FEC ID number of contributing federal political committee. **C**
Name of Employer Redfield Medical Center Occupation Physician Assistant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 26 / 2016
Transaction ID : C3308761
Amount of Each Receipt this Period 200.00
 Memo Item

C. Ed Friedmann PA-C
Full Name (Last, First, Middle Initial)
Mailing Address 1013 1st St
City Redfield State IA Zip Code 50233-0903
FEC ID number of contributing federal political committee. **C**
Name of Employer Redfield Medical Center Occupation Physician Assistant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 23 / 2016
Transaction ID : C3351400
Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Sandra (Sandy) Harding
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt **04 / 26 / 2016**
Transaction ID : C3302941
 Amount of Each Receipt this Period 38.48
 Memo Item

B. Sandra (Sandy) Harding
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt **05 / 23 / 2016**
Transaction ID : C3320748
 Amount of Each Receipt this Period 38.48
 Memo Item

C. Sandra (Sandy) Harding
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd
 Ste 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt **06 / 23 / 2016**
Transaction ID : C3339088
 Amount of Each Receipt this Period 38.48
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.44
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. David I. Jackson PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hartland Ave
 City State Zip Code
 Huntington Station NY 11746-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Institute Assoc Professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : C3325826
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Jeffrey A. Katz PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 4th St NE
 City State Zip Code
 Hickory NC 28601-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Care Center Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2016
Transaction ID : C3297541
 Amount of Each Receipt this Period
 135.00
 Memo Item

C. Erin Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd Suite 1300
 City State Zip Code
 Alexandria VA 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Academy of Physician Assistan Staff
 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
 04 / 26 / 2016
Transaction ID : C3302939
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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 15 OF 27 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Erin Middleton
Full Name (Last, First, Middle Initial)

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 23 / 2016
Transaction ID : C3320746

Amount of Each Receipt this Period 50.00

Memo Item

B. Erin Middleton
Full Name (Last, First, Middle Initial)

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2016
Transaction ID : C3339086

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 2318 Mill Rd Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 26 / 2016
Transaction ID : C3302948

Amount of Each Receipt this Period 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Erika Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd Suite 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 23 / 2016
Transaction ID : C3320755
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Erika Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd Suite 1300
 City Alexandria State VA Zip Code 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Physician Assistan Occupation Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2016
Transaction ID : C3339095
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Todd A. Pickard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Waverly St
 City Houston State TX Zip Code 77008-6760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MD Anderson Occupation PA
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 23 / 2016
Transaction ID : C3320797
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	580.00
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 27
	<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 Physician Assistants Political Action Committee (PA PAC)

A. Michael L. Powe
 Full Name (Last, First, Middle Initial)
 Mailing Address 9610 Candish Ct
 City State Zip Code
 Fairfax Station VA 22039-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AAPA VP Prof Advocacy
 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
 06 / 02 / 2016
Transaction ID : C3325845
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. William T. Reynolds PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Idlewood Dr
 City State Zip Code
 Dallas PA 18612-9027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kings College PA
 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
 06 / 02 / 2016
Transaction ID : C3325846
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Susan Salahshor
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Queen Victoria Ave
 City State Zip Code
 Jacksonville FL 32259-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Lead PA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 655.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2016
Transaction ID : C3302788
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Physician Assistants Political Action Committee (PA PAC)

A. Susan Salahshor
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Queen Victoria Ave
 City Jacksonville State FL Zip Code 32259-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Lead PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **655.00**

Date of Receipt **05 / 26 / 2016**
Transaction ID : C3321813
 Amount of Each Receipt this Period **25.00**
 Memo Item

B. Susan Salahshor
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Queen Victoria Ave
 City Jacksonville State FL Zip Code 32259-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Lead PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **655.00**

Date of Receipt **06 / 02 / 2016**
Transaction ID : C3325823
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Susan Salahshor
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Queen Victoria Ave
 City Jacksonville State FL Zip Code 32259-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Lead PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **655.00**

Date of Receipt **06 / 26 / 2016**
Transaction ID : C3339239
 Amount of Each Receipt this Period **25.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Inessa Shlifer
Full Name (Last, First, Middle Initial)

Mailing Address 461 Park Ave S
FI 7

City New York State NY Zip Code 10016-6822

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

Name of Employer Park Ave Anesthetic Surgery Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2016

Transaction ID : C3325757

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 28821 Chardon Rd

City Willoughby Hills State OH Zip Code 44092-2613

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

Name of Employer Cleveland Clinic Occupation PA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2016

Transaction ID : C3325378

Amount of Each Receipt this Period
100.00

Memo Item

C. Wendell S. Wharton PA
Full Name (Last, First, Middle Initial)

Mailing Address 4204 Agnes Ave

City Lynwood State CA Zip Code 90262-4523

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

Name of Employer Pacific Arthritis Care Center Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2016

Transaction ID : C3325822

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 27
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Wendell S. Wharton PA

Mailing Address 4204 Agnes Ave

City Lynwood State CA Zip Code 90262-4523

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

Name of Employer Pacific Arthritis Care Center Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : C3325847

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	6858.44

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	6

Transaction ID : D174804

Amount of Each Disbursement this Period

6	8	.	9	4
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

Transaction ID : D174805

Amount of Each Disbursement this Period

6	2	.	2	3
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

Transaction ID : D174806

Amount of Each Disbursement this Period

1	3	.	2	8	3
---	---	---	---	---	---

Memo Item

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

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

2	6	.	4	.	0	0
---	---	---	---	---	---	---

2	6	.	4	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement Re-election

Candidate Name
Rep. Brett Guthrie

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : D174793

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement Re-election

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
State: TX District: 29

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : D174797

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement Re-election

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
State: TN District: 07

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : D174791

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)..... ▶

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Re-election

Candidate Name

Rep. Nancy Pelosi

Office Sought: House Senate President
State: CA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : D174792

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement Re-election

Candidate Name

Rep. Pat Tiberi

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : D174798

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement Re-election

Candidate Name

Rep. Tim Murphy

Office Sought: House Senate President
State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : D174790

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Re-election

Candidate Name

Sen. Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : D174795

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Re-election

Candidate Name

Sen. John Barrasso

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2016

Transaction ID : D174789

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Re-election

Candidate Name

Sen. Jon Tester

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2016

Transaction ID : D174788

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
Primary 2016 re-election

Candidate Name
Sen. Mazie K. Hirono

Office Sought: House
 Senate
 President
State: HI District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : D174787

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
Re-election

Candidate Name
Sen. Michael B. Enzi

Office Sought: House
 Senate
 President
State: WY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : D174794

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Disbursement

Candidate Name
Sen. Michael Bennet

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2016

Transaction ID : D174786

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)..... ▶

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement Re-election

Candidate Name **Sen. Michael D. Crapo**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: ID District: 00

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : D174803

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Re-election

Candidate Name **Sen. Patrick J. Toomey**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: PA District: 00

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : D174802

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement Re-election

Candidate Name **Sen. Patty Murray**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: WA District: 00

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : D174801

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)..... ▶

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Re-election

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : D174799

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Re-election

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : D174800

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
Re-election

Candidate Name

Sen. Sheldon Whitehouse

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : D174796

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

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

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2	0	5	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0