

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 C C00411553 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer Hugh M Taylor MD [Electronically Filed] Date 01 / 27 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		439447.27
(b) Cash on Hand at Beginning of Reporting Period.....	397705.13	
(c) Total Receipts (from Line 19) .....	45957.68	472590.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	443662.81	912037.31
7. Total Disbursements (from Line 31).....	26445.80	494820.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	417217.01	417217.01
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 12 / 01 / 2015 To: 12 / 31 / 2015

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).....	26739.29	310444.94
(ii) Unitemized .....	17730.00	153225.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44469.29	463670.38
(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) .....	44469.29	463670.38
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).....	1488.39	8919.66
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))..... ▶	45957.68	472590.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45957.68	472590.04

**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 .....	445.80	8485.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	445.80	8485.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	484700.00
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	1635.00
(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	1635.00
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)) ..	26445.80	494820.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26445.80	494820.30

**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) .....	44469.29	463670.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1635.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44469.29	462035.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	445.80	8485.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1488.39	8919.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1042.59	-434.36

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

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

FOR LINE NUMBER: PAGE 6 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Kelly Alberda MD**

Mailing Address 1425 Gorham St

City State Zip Code  
 Austin TX 78758-3760

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

Name of Employer Occupation  
 Seton 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  
 12 / 24 / 2015  
**Transaction ID : C3220319**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Janet R Albers MD**

Mailing Address 612 Woodbridge Rd

City State Zip Code  
 Springfield IL 62711-5666

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

Name of Employer Occupation  
 SIU SOM Family Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2015  
**Transaction ID : C3220458**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Ivan S Alkes MD**

Mailing Address 2345 N 7th St

City State Zip Code  
 Grand Junction CO 81501-8117

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

Name of Employer Occupation  
 Self Employed 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  
 12 / 24 / 2015  
**Transaction ID : C3228669**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00

**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 59
	<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. Donald W Allen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 865  
 City Coalville State UT Zip Code 84017-0865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **665.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : C3220282**  
 Amount of Each Receipt this Period  
**300.00**

**B. Gregory John Anderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Baldwin Bldg 2 A  
 200 1ST ST SW  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : C3207663**  
 Amount of Each Receipt this Period  
**120.00**

**C. Susan M Anderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 N 7th Ave  
 City Canistota State SD Zip Code 57012-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **735.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218340**  
 Amount of Each Receipt this Period  
**370.00**

**SUBTOTAL** of Receipts This Page (optional)..... **790.00**  
**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 59
	<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 Family Physicians Political Action Committee**

**A. Kurt Bradley Angstman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 1st St SE  
 City Rochester State MN Zip Code 55902-3130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : C3220277**  
 Amount of Each Receipt this Period  
 300.00

**B. Frederic Baker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Mark Cir  
 City Holden State MA Zip Code 01520-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMMHC Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2015  
**Transaction ID : C3205112**  
 Amount of Each Receipt this Period  
 43.00

**C. Cedric T Barnes DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 337  
 City Milford State DE Zip Code 19963-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : C3222164**  
 Amount of Each Receipt this Period  
 36.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	379.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<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. Cindy Lee Behrens MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Windermere Cir

City Pensacola State FL Zip Code 32503-5872

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

Name of Employer Sacred Heart Urgent Care Occupation 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  
 12 / 18 / 2015  
**Transaction ID : C3218343**

Amount of Each Receipt this Period  
 250.00

**B. Jerome W Bentz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 873

City Platte State SD Zip Code 57369-0873

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

Name of Employer Platte Health Center Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : C3213260**

Amount of Each Receipt this Period  
 365.00

**C. Kevin M Bernstein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PSC 482

City Fpo State AP Zip Code 96362-9998

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

Name of Employer US Navy Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2015  
**Transaction ID : C3205113**

Amount of Each Receipt this Period  
 62.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 677.50

**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 10 OF 59
	<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. Kenneth Robert Bertka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8533 Castle Oaks Pl  
 City State Zip Code  
 Holland OH 43528-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Health Partners Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218337**  
 Amount of Each Receipt this Period  
 500.00

**B. Vicki M Bertka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8533 Castle Oaks Pl  
 City State Zip Code  
 Holland OH 43528-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hospice of Northwest Ohio Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218338**  
 Amount of Each Receipt this Period  
 500.00

**C. Wendy S Biggs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11400 Tomahawk Creek Pkwy  
 City State Zip Code  
 Leawood KS 66211-2680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Kansas Medical School Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 915.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : C3220281**  
 Amount of Each Receipt this Period  
 550.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 59
	<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. Reid B Blackwelder MD**  
Full Name (Last, First, Middle Initial)  
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 ETSU Occupation Family Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt  
12 / 14 / 2015  
**Transaction ID : C3209516**  
Amount of Each Receipt this Period  
100.00

**B. Mott Parks Blair MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 411 E Westbrook St  
City Wallace State NC Zip Code 28466-1514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vidant Medical Group Occupation Family Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : C3231521**  
Amount of Each Receipt this Period  
225.00

**C. Karla L Booker MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3945 Cranbrook Ct NW  
City Lilburn State GA Zip Code 30047-2696  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gwinette Hospital System Occupation Family Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.04

Date of Receipt  
12 / 05 / 2015  
**Transaction ID : C3205074**  
Amount of Each Receipt this Period  
45.63

**SUBTOTAL** of Receipts This Page (optional)..... **370.63**  
**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 59
	<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. Lindsay Kathryn Botsford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2506 Hazard St  
 City Houston State TX Zip Code 77019-6756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hermann Hospital System Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : C3205240**  
 Amount of Each Receipt this Period  
 31.00

**B. Charles H Bozeman II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 641 Middle Creek Rd  
 City Sevierville State TN Zip Code 37862-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : C3213261**  
 Amount of Each Receipt this Period  
 365.00

**C. Warren F Brandle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11226 Gold Express Dr Ste 205  
 City Gold River State CA Zip Code 95670-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation 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  
 12 / 24 / 2015  
**Transaction ID : C3220339**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	496.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 59
	<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 Family Physicians Political Action Committee**

**A. John E Brandon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 390  
 City Gordo State AL Zip Code 35466-0390  
 Name of Employer Pickens County Family Practice Center Occupation 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  
 12 / 18 / 2015  
**Transaction ID : C3218306**  
 Amount of Each Receipt this Period  
 200.00

**B. Rhett Le Roy Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 32861  
 City Charlotte State NC Zip Code 28232-2861  
 Name of Employer Novant Health Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : C3228676**  
 Amount of Each Receipt this Period  
 100.00

**C. Gloria Y Browne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Daileys Plantation Dr  
 City McDonough State GA Zip Code 30253-8255  
 Name of Employer Roman Medical Group Occupation 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  
 12 / 25 / 2015  
**Transaction ID : C3220419**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. E Chris C Bush MD**

Mailing Address 8597 Marquette Dr

City State Zip Code  
 Grosse Ile MI 48138-1567

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

Name of Employer Occupation  
 Self Employed Family Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : C3220299**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mary F Campagnolo MD**

Mailing Address 3242 Route 206, Bldg A Ste A2

City State Zip Code  
 Lumberton NJ 08505-4517

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

Name of Employer Occupation  
 Virtua Medical Group Family Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2015

**Transaction ID : C3205114**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**c. Clifford Chen MD**

Mailing Address 1466 Shady Ave

City State Zip Code  
 Pittsburgh PA 15217-1349

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

Name of Employer Occupation  
 UPMC Community Medicine Inc Family Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : C3228679**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 990.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Joseph A Cincotta MD</b>		Date of Receipt
Mailing Address 350 Wellsville Rd		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City Wellsville	State PA	Zip Code 17365-9645
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3212479</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Cecilia Ann Collins MD</b>		Date of Receipt
Mailing Address 383 N Roscoe Blvd		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Ponte Vedra Beach	State FL	Zip Code 32082-2145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3207673</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1020.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mark E Collins MD</b>		Date of Receipt
Mailing Address 354 N Maple Ave		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City Wood Dale	State IL	Zip Code 60191-1539
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3213265</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="730.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1015.00"/>
<b>TOTAL</b> 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:	PAGE 16 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Darla Renee Cowart MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2216 Matthews St SE

City Huntsville State AL Zip Code 35801-2724

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

Name of Employer Self Employed Occupation 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  
12 / 24 / 2015

**Transaction ID : C3220338**

Amount of Each Receipt this Period  
100.00

**B. Jose M David MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 Huntington Ct

City Albany State NY Zip Code 12203-6015

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

Name of Employer Self Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : C3219159**

Amount of Each Receipt this Period  
833.00

**C. Jay F Downey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3499 Wallace Dr

City Bonita State CA Zip Code 91902-1242

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

Name of Employer San Ysidro Family Center Occupation 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  
12 / 23 / 2015

**Transaction ID : C3220273**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1183.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 59
<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 (Last, First, Middle Initial) <b>A. Jocelyn Duffy Md Duffy MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015 <b>Transaction ID : C3213268</b>
Mailing Address 6 Trask Rd		Amount of Each Receipt this Period 50.00
City Boxford	State MA	Zip Code 01921-2010
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jocelyn Duffy Md Duffy MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015 <b>Transaction ID : C3220292</b>
Mailing Address 6 Trask Rd		Amount of Each Receipt this Period 200.00
City Boxford	State MA	Zip Code 01921-2010
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. James A Ellzy MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2015 <b>Transaction ID : C3218805</b>
Mailing Address 1351 Bryant St NE Apt 4		Amount of Each Receipt this Period 34.10
City Washington	State DC	Zip Code 20018-1156
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
	<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. Troy Treanor Fiesinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14023 Southwest Fwy  
 City Sugar Land State TX Zip Code 77478-3550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015  
**Transaction ID : C3208651**  
 Amount of Each Receipt this Period  
**50.00**

**B. Seth Yawki Flagg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9129 Bradford Rd  
 City Silver Spring State MD Zip Code 20901-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USN Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **865.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : C3228689**  
 Amount of Each Receipt this Period  
**365.00**

**C. Brian K Fleming MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 Buckland Dr  
 City Fayetteville State NC Zip Code 28312-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 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  
 12 / 11 / 2015  
**Transaction ID : C3207665**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>665.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
	<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. Stephanie J Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5518 Butterfly Ln Apt 307  
2100 Erwin Road

City Durham State NC Zip Code 27707-9078

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

Name of Employer Blue Ridge Family Physicians Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 22 / 2015  
**Transaction ID : C3219160**

Amount of Each Receipt this Period 30.42

**B. Daniel T Friedmann MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10233 Valmay Ave NW

City Seattle State WA Zip Code 98177-5330

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

Name of Employer The Polyclinic Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2015  
**Transaction ID : C3213270**

Amount of Each Receipt this Period 100.00

**C. J H H Gardner MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 518

City Buffalo State IA Zip Code 52728-0518

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

Name of Employer Self Employed Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 24 / 2015  
**Transaction ID : C3220342**

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.42

**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 20 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. Robert Graham MD**

Mailing Address 5049 Wornall Rd  
Apt 23

City Kansas City State MO Zip Code 64112-2530

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

Name of Employer George Washington Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : C3207676**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Joseph W Gravel MD**

Mailing Address 16 Patriot Way

City North Reading State MA Zip Code 01864-3225

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

Name of Employer Greater Lawrence FHC Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 24 / 2015  
**Transaction ID : C3220356**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Connie H Hahn DO**

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 Bozeman Deaconess Family Medicine and Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
12 / 17 / 2015  
**Transaction ID : C3215582**

Amount of Each Receipt this Period  
52.14

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	752.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<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. Brian C Harrington MD, MPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 769 Sandhill Cir

City Steamboat Springs State CO Zip Code 80487-3114

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

Name of Employer Self Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : C3218335**

Amount of Each Receipt this Period 100.00

**B. Lucinda L Hautaniemi MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Deer Rdg

City Old Lyme State CT Zip Code 06371-1853

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2015  
**Transaction ID : C3212478**

Amount of Each Receipt this Period 150.00

**C. Daniel J Heinemann MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1305 W 18th St

City Sioux Falls State SD Zip Code 57105-0401

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

Name of Employer Sioux Valley Health Systems Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 12 / 23 / 2015  
**Transaction ID : C3220234**

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<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. Richard W Honke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 W Glynn Dr  
 City Parkston State SD Zip Code 57366-9605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Avera St Benedict CRHC 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  
 12 / 23 / 2015  
**Transaction ID : C3220298**  
 Amount of Each Receipt this Period  
 400.00

**B. David Roy Howlett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 154 Eastview Dr  
 City Windsor State CT Zip Code 06095-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : C3212477**  
 Amount of Each Receipt this Period  
 100.00

**C. Richard H Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 W Howell Ave  
 City Alexandria State VA Zip Code 22301-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US Government Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : C3218803**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Salahuddin Kaddoura MD</b>		Date of Receipt
Mailing Address 2212 Rannoch Ln		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : C3218344</b>
Fort Smith	AR	Amount of Each Receipt this Period
Zip Code		<input type="text" value="150.00"/>
72908-0953		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bradon Y Kimura MD</b>		Date of Receipt
Mailing Address PO Box 497		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : C3208114</b>
Kealakekua	HI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="500.00"/>
96750-0497		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gregory King MD</b>		Date of Receipt
Mailing Address 1120 Vail Rd		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : C3205241</b>
Bennington	VT	Amount of Each Receipt this Period
Zip Code		<input type="text" value="55.00"/>
05201-9597		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="705.00"/>
<b>TOTAL</b> 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 24 OF 59
	<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. John Albert Kotyo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3774 School Ln  
 City Newtown Square State PA Zip Code 19073-3205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riddle Memorial Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : C3207675**  
 Amount of Each Receipt this Period **150.00**

**B. William Alfred Kremer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1705 Gracewood Dr  
 City Greensboro State NC Zip Code 27408-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 23 / 2015**  
**Transaction ID : C3220279**  
 Amount of Each Receipt this Period **200.00**

**C. Kevin K Kurohara MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Puuhonu Pl Ste 205  
 City Hilo State HI Zip Code 96720-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 07 / 2015**  
**Transaction ID : C3208594**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**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 59
	<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. Marlene K Lambiaso MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 658 Cayuga Dr  
 City Winter Springs State FL Zip Code 32708-5603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **717.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : C3220295**  
 Amount of Each Receipt this Period  
**352.00**

**B. Aaron Jack Lazar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1564 Abbotsford Dr  
 City Naperville State IL Zip Code 60563-2088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush University Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **216.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : C3220343**  
 Amount of Each Receipt this Period  
**108.00**

**C. Colleen C Lyons MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2874 N Carson St Ste 127  
 City Carson City State NV Zip Code 89706-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Veterans Health Administration Occupation Family Medicine Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : C3228744**  
 Amount of Each Receipt this Period  
**750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Michael L Madden MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4907 Windermere Blvd

City Alexandria State LA Zip Code 71303-2459

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

Name of Employer L.S. U. HSC Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : C3218362**

Amount of Each Receipt this Period 400.00

**B. Christopher M Mahr MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3085 Firestone Ct

City Sumter State SC Zip Code 29150-7075

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

Name of Employer Colonial Family Practice Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 10 / 2015  
**Transaction ID : C3207220**

Amount of Each Receipt this Period 40.50

**C. Kevin B Martin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2903 219th Ave E

City Lake Tapps State WA Zip Code 98391-5634

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

Name of Employer Life Care Physician Services Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 26 / 2015  
**Transaction ID : C3220448**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.50

**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 27 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Larry Thomas McClure MD</b>		Date of Receipt
Mailing Address 908 Wallace Ave Ste 103		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City Leitchfield	State KY	Zip Code 42754-1479
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3213667</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jorge A Meaux MD</b>		Date of Receipt
Mailing Address 73 Calle Santa Cruz		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Bayamon	State PR	Zip Code 00961-6938
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3205075</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="121.70"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.10"/>	

Full Name (Last, First, Middle Initial) <b>C. John S Meigs MD</b>		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Brent	State AL	Zip Code 35034-0289
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3207659</b>
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Family Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="221.70"/>
<b>TOTAL</b> 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 28 OF 59
	<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. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : C3231550**

Amount of Each Receipt this Period  
25.00

**B. John S Meigs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 289  
100 Serendipity Dr

City State Zip Code  
Brent AL 35034-0289

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

Name of Employer Occupation  
Self Employed Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : C3220289**

Amount of Each Receipt this Period  
25.00

**c. F Bradford Bradford Meyers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 414

City State Zip Code  
Jefferson WI 53549-0414

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

Name of Employer Occupation  
Dean Clinic Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
464.25

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : C3218806**

Amount of Each Receipt this Period  
33.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.75

**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 59
<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. F Bradford Bradford Meyers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 414  
 City Jefferson State WI Zip Code 53549-0414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dean Clinic Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **464.25**

Date of Receipt **12 / 30 / 2015**  
**Transaction ID : C3222165**  
 Amount of Each Receipt this Period **31.00**

**B. Richard Stayton Miles MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Dowell Rd # 5  
 City Russell Springs State KY Zip Code 42642-4278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Integrity Solutions Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 14 / 2015**  
**Transaction ID : C3213669**  
 Amount of Each Receipt this Period **50.00**

**C. Rose Caroline Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 NW Scenic Dr  
 City Albany State OR Zip Code 97321-9663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Samaratan Health Services Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 07 / 2015**  
**Transaction ID : C3208603**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>131.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 59
	<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. Anne M Montgomery MD**  
 Full Name (Last, First, Middle Initial)  
 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 Eisenhower Medical Associates Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : C3220485**  
 Amount of Each Receipt this Period  
 250.00

**B. Dale C Moquist MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4624  
 City Horseshoe Bay State TX Zip Code 78657-4624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1099.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : C3208219**  
 Amount of Each Receipt this Period  
 91.66

**C. Ann M Morey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6109 Concordia Rd NE  
 City Albuquerque State NM Zip Code 87111-1329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian Medical Group Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218336**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. Martha J Moulton MD**

Mailing Address 48 Forest Rd

City Southbury State CT Zip Code 06488-2407

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

Name of Employer DOPS Occupation 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  
**12 / 23 / 2015**

**Transaction ID : C3220300**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Shani Ife Muhammad MD**

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 Kings Winery Clinic Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **319.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2015**

**Transaction ID : C3205076**

Amount of Each Receipt this Period  
**45.63**

Full Name (Last, First, Middle Initial)  
**C. Carl M Myers MD**

Mailing Address 7501 NW Eastside Dr

City Kansas City State MO Zip Code 64152-1798

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

Name of Employer Meritas Inc Occupation 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  
**12 / 11 / 2015**

**Transaction ID : C3207677**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>245.63</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 59
	<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. Nancy Naghavi DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9307 Shady Lane Cir  
 City Houston State TX Zip Code 77063-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Family Care Plus Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 735.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : C3220349**  
 Amount of Each Receipt this Period  
 370.00

**B. Mary S Nguyen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 960  
 City Castroville State TX Zip Code 78009-0960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medina Valley Family Practice Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : C3201443**  
 Amount of Each Receipt this Period  
 35.00

**c. Mary S Nguyen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 960  
 City Castroville State TX Zip Code 78009-0960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medina Valley Family Practice Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : C3220350**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1005.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. R W Nicholson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 Cobblestone Dr

City Evansville State IN Zip Code 47715-4288

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : C3207670**

Amount of Each Receipt this Period 200.00

**B. Carl Raymond Olden MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 311 S 72nd Ave

City Yakima State WA Zip Code 98908-1661

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

Name of Employer Occupation Yakima Valley Memorial Hospital Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 07 / 2015  
**Transaction ID : C3205242**

Amount of Each Receipt this Period 100.00

**c. Javette C Orgain MD**  
Full Name (Last, First, Middle Initial)

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 Occupation Vitas Innovative Hospice Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt 12 / 28 / 2015  
**Transaction ID : C3220486**

Amount of Each Receipt this Period 110.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. James A Ouellette MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015 <b>Transaction ID : C3220301</b>
Mailing Address 14 Jones Hollow Rd Ste 1		Amount of Each Receipt this Period 250.00
City Marlborough	State CT	Zip Code 06447-1448
FEC ID number of contributing federal political committee. C		
Name of Employer ProHealth Physicians	Occupation FamilyPhysician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) <b>B. Wilson D Pace MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015 <b>Transaction ID : C3213674</b>
Mailing Address 7804 E Colgate PI		Amount of Each Receipt this Period 100.00
City Denver	State CO	Zip Code 80231-4130
FEC ID number of contributing federal political committee. C		
Name of Employer University of Colorado	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Milton Pally MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2015 <b>Transaction ID : C3220341</b>
Mailing Address 1107 E 66th St		Amount of Each Receipt this Period 300.00
City Savannah	State GA	Zip Code 31404-5701
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Health	Occupation Family Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 59
	<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. Judith A Pauwels MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 827 31st Ave

City Seattle State WA Zip Code 98122-5023

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

Name of Employer Self Employed Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 23 / 2015  
Transaction ID : **C3220269**

Amount of Each Receipt this Period  
500.00

**B. Matthew Bernard Pawlicki MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5147 Cheswick Dr

City Solon State OH Zip Code 44139-1203

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

Name of Employer University Hospital of Cleveland Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 23 / 2015  
Transaction ID : **C3220288**

Amount of Each Receipt this Period  
300.00

**C. Robert H Potter MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10069 Grubbs Rd

City Wexford State PA Zip Code 15090-9647

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

Name of Employer General Medical Assoc. Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt  
12 / 24 / 2015  
Transaction ID : **C3220347**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 59
	<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. Michelle Quiogue MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2460 Pine St

City Bakersfield State CA Zip Code 93301-2742

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

Name of Employer SCPMG Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : C3207221**

Amount of Each Receipt this Period  
**36.50**

**B. Lee P Ralph MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6699 Alvarado Rd Ste 2100

City San Diego State CA Zip Code 92120-5238

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

Name of Employer SD Sports Medicine and Family Health Occupation 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  
 12 / 05 / 2015

**Transaction ID : C3205077**

Amount of Each Receipt this Period  
**50.00**

**C. Srikar T Reddy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 W Grand River Ave

City Brighton State MI Zip Code 48116-1659

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

Name of Employer 4-Serv Family Medicine PC Occupation Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2015

**Transaction ID : C3205115**

Amount of Each Receipt this Period  
**45.63**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>132.13</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59
	<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. Matthew M Richlen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N60W13427 Tall Oak Ct  
 City Menomonee Falls State WI Zip Code 53051-8337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : C3208209**  
 Amount of Each Receipt this Period  
 365.00

**B. Elisabeth L Righter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 267 Park Dr  
 City Dayton State OH Zip Code 45410-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : C3206797**  
 Amount of Each Receipt this Period  
 100.00

**C. Daniel E Roth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 30th St  
 City San Francisco State CA Zip Code 94131-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Family Practice Occupation FaMILY Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218328**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	965.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 59
	<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. Nadia M Sadek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1151 Blackwood Ave Ste 150  
 City State Zip Code  
 Ocoee FL 34761-4523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : C3207669**  
 Amount of Each Receipt this Period  
 365.00

**B. Flora F Sadri-Azarbayejani DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 S Mountain Rd  
 City State Zip Code  
 Northfield MA 01360-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Family Physician  
 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  
 12 / 19 / 2015  
**Transaction ID : C3218807**  
 Amount of Each Receipt this Period  
 50.00

**C. Sarah L Sams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2994 Frazell Rd  
 City State Zip Code  
 Hilliard OH 43026-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Health Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : C3208041**  
 Amount of Each Receipt this Period  
 120.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Michael J Saunders MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Butts Ave

City Tomah State WI Zip Code 54660-1412

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

Name of Employer Mayo Health Clinic Occupation 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  
 12 / 05 / 2015  
**Transaction ID : C3205110**

Amount of Each Receipt this Period  
**200.00**

**B. Susan Collette Schayes MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Tyler Green Trl SE

City Smyrna State GA Zip Code 30080-5612

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

Name of Employer Jen Care Occupation 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  
 12 / 24 / 2015  
**Transaction ID : C3220355**

Amount of Each Receipt this Period  
**200.00**

**C. Daniel John Schlegel MD MHA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Chapel Forge Ct

City Lancaster State PA Zip Code 17601-1757

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

Name of Employer Penn State Hershey Medical Center Occupation 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  
 12 / 24 / 2015  
**Transaction ID : C3220336**

Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard M Shaw MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 White Swan Ct

City State Zip Code  
Simi Valley CA 93065-6723

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

Name of Employer Occupation  
Regal Medical Group 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  
12 / 23 / 2015

**Transaction ID : C3220293**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 584 43rd Ave

City State Zip Code  
San Francisco CA 94121-2535

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

Name of Employer Occupation  
UCSF 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  
12 / 24 / 2015

**Transaction ID : C3220333**

Amount of Each Receipt this Period  
150.00

**C. Dana Lee Sisk MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 821 N Main St

City State Zip Code  
Bonham TX 75418-3723

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

Name of Employer Occupation  
Self Employed 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  
12 / 11 / 2015

**Transaction ID : C3207681**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 59
	<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. Sandra Ruff Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 885 W Beal Rd  
 City State Zip Code  
 Flagstaff AZ 86001-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northern Arizona University 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  
 12 / 14 / 2015  
**Transaction ID : C3213685**  
 Amount of Each Receipt this Period  
 50.00

**B. Jarod Eugene Speer Speer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4333 Lakeshore Cv  
 City State Zip Code  
 Birmingham AL 35242-6608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Childersburg Primary Care 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  
 12 / 01 / 2015  
**Transaction ID : C3201225**  
 Amount of Each Receipt this Period  
 35.00

**C. Robert Spierer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 E Sherman Ave  
 City State Zip Code  
 Colonia NJ 07067-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Family Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 735.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : C3220276**  
 Amount of Each Receipt this Period  
 370.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 59
	<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. Gregory J Steinmetz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Bluff Ave  
 City Cranston State RI Zip Code 02905-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APCM Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : C3218311**  
 Amount of Each Receipt this Period  
 150.00

**B. Windel A Stracener MD**  
 Full Name (Last, First, Middle Initial)  
 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 Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : C3208042**  
 Amount of Each Receipt this Period  
 200.00

**C. Glen R Stream MD**  
 Full Name (Last, First, Middle Initial)  
 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 Eisenhower Medical Associates Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C3218861**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Maureen P Strohm MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3835 Fairmeade Rd  
 City Pasadena State CA Zip Code 91107-2229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 07 / 2015**  
**Transaction ID : C3208618**  
 Amount of Each Receipt this Period **100.00**

**B. Raja Talati Md Talati MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 SW Classico Ct  
 City Port Saint Lucie State FL Zip Code 34986-2338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **292.50**

Date of Receipt **12 / 10 / 2015**  
**Transaction ID : C3207222**  
 Amount of Each Receipt this Period **32.50**

**C. Stacy J Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 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 Charlotte Hungerford Hospital Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **422.00**

Date of Receipt **12 / 01 / 2015**  
**Transaction ID : C3201226**  
 Amount of Each Receipt this Period **31.00**

**SUBTOTAL** of Receipts This Page (optional)..... **163.50**  
**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 44 OF 59
	<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. Michael P Temporal MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 717 Beartooth Cir

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

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

Name of Employer Billings Clinic	Occupation Family Physician
-------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.41**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2015

**Transaction ID : C3205116**

Amount of Each Receipt this Period  

45.63
-------

**B. Michael P Temporal MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 717 Beartooth Cir

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

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

Name of Employer Billings Clinic	Occupation Family Physician
-------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.41**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

**Transaction ID : C3220363**

Amount of Each Receipt this Period  

42.00
-------

**C. Eric S Thomsen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1411 Oak St

City Beatrice	State NE	Zip Code 68310-5318
------------------	-------------	------------------------

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

Name of Employer Self	Occupation 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
12	/	11	/	2015

**Transaction ID : C3208182**

Amount of Each Receipt this Period  

400.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>487.63</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 59
	<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. Barbara B Tobias MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Wilmuth Ave  
 City Cincinnati State OH Zip Code 45215-2777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UC Physicians/University of Cincinnati Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : C3220346**  
 Amount of Each Receipt this Period **200.00**

**B. Andres Turner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1565 Dolores St  
 City San Francisco State CA Zip Code 94110-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Permanente Medical Group Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : C3228945**  
 Amount of Each Receipt this Period **30.00**

**C. Lloyd P Van Winkle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 960  
 City Castroville State TX Zip Code 78009-0960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medina Valley Family Practice Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : C3201444**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Family Physicians Political Action Committee**

**A. Suraj P Verma MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1595 Robb Dr  
 Ste 2  
 City Reno State NV Zip Code 89523-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prime Healthcare Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : C3213691**  
 Amount of Each Receipt this Period  
 365.00

**B. William H Vetter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1102 E Locust St  
 City Emmett State ID Zip Code 83617-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walter Knox Memorial Hospital Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 329.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C3206209**  
 Amount of Each Receipt this Period  
 31.00

**C. Bruce Alan Wallstedt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6323 Canterbury Close  
 City Brentwood State TN Zip Code 37027-4870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : C3207223**  
 Amount of Each Receipt this Period  
 36.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	432.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel A Walters MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2304 E County Road 950 N

City Seymour	State IN	Zip Code 47274-8155
-----------------	-------------	------------------------

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

Name of Employer Caring Family Physicians	Occupation Family Physician
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

**Transaction ID : C3218313**

Amount of Each Receipt this Period  

400.00
--------

**B. Kevin S Wang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1823 Terry Ave  
Apt 1609

City Seattle	State WA	Zip Code 98101-2406
-----------------	-------------	------------------------

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

Name of Employer Swedish Medical Center	Occupation Family Physician
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

**Transaction ID : C3220320**

Amount of Each Receipt this Period  

100.00
--------

**C. Raymond Michael Weick MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 745 Grand View Ridge Ct

City Eureka	State MO	Zip Code 63025-3720
----------------	-------------	------------------------

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

Name of Employer Mercy Medical Group	Occupation 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
12	/	23	/	2015

**Transaction ID : C3220287**

Amount of Each Receipt this Period  

150.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 59
	<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. Thomas J Weida MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 Fishburn Rd  
 City Hershey State PA Zip Code 17033-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015  
**Transaction ID : C3208652**  
 Amount of Each Receipt this Period  
 46.00

**B. Richard Andre Wherry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Tipton Dr  
 City Dahlonega State GA Zip Code 30533-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Health Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C3206210**  
 Amount of Each Receipt this Period  
 250.00

**C. John Williams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Rufus Ln  
 City Polson State MT Zip Code 59860-8903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015  
**Transaction ID : C3208653**  
 Amount of Each Receipt this Period  
 31.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	327.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 59
	<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. Timothy Allen Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9027 Sw 208Th St  
 City Trimble State MO Zip Code 64492-7846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 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  
 12 / 11 / 2015  
**Transaction ID : C3207680**  
 Amount of Each Receipt this Period  
 150.00

**B. Ben Mullin Winkes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 777  
 City Conway State WA Zip Code 98238-0777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Seamar Community Health Center Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : C3208625**  
 Amount of Each Receipt this Period  
 199.00

**C. David P Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1313 Red River St Ste 100  
 City Austin State TX Zip Code 78701-1923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Seton Hospital Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : C3208626**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	714.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26739.29

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

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

FOR LINE NUMBER: PAGE 50 OF 59  
(check only one)

<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**

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

Mailing Address 11400 Tomahawk Creek Pkwy

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8919.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

**Transaction ID : C3213203**

Amount of Each Receipt this Period  
1094.42

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8919.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C3219764**

Amount of Each Receipt this Period  
393.97

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1488.39
<b>TOTAL</b> This Period (last page this line number only).....▶	1488.39

**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 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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : D169493**

Amount of Each Disbursement this Period

7.95

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

**Transaction ID : D169494**

Amount of Each Disbursement this Period

3.58

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : D169746**

Amount of Each Disbursement this Period

3.96

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

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

15.49

**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 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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

**Transaction ID : D169747**

Amount of Each Disbursement this Period

1.48

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : D169748**

Amount of Each Disbursement this Period

1.01

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

**Transaction ID : D169749**

Amount of Each Disbursement this Period

8.13

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

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

10.62

**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 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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

**Transaction ID : D169750**

Amount of Each Disbursement this Period

4.30

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : D169751**

Amount of Each Disbursement this Period

10.56

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : D170208**

Amount of Each Disbursement this Period

3.25

Category/  
Type

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

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

18.11

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : D170209**

Amount of Each Disbursement this Period

3.25

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2015

**Transaction ID : D170210**

Amount of Each Disbursement this Period

32.50

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2015

**Transaction ID : D170211**

Amount of Each Disbursement this Period

51.03

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

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

86.78

**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 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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2015

**Transaction ID : D170212**

Amount of Each Disbursement this Period

28.06

**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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

**Transaction ID : D170213**

Amount of Each Disbursement this Period

7.95

**C. Bank Of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

**Transaction ID : D169495**

Amount of Each Disbursement this Period

278.79

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

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

314.80

445.80

**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 Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHESAPEAKE PAC**

Mailing Address 170 Old Enterprise Rd  
PO BOX 5323

City Upper Marlboro State MD Zip Code 20774-1645

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Andy Harris**

Office Sought:  House  
 Senate  
 President  
State: MD District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : D169397**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. LONE STAR LEADERSHIP PAC**

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michael Burgess**

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : D169396**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kevin Brady**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : D169443**

Amount of Each Disbursement this Period

2500.00

**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"/> 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 Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

Mailing Address PO Box 80126

**Transaction ID : D169678**

City State Zip Code  
Lafayette LA 70598

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name

**Rep. Charles Boustany Jr.**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Mailing Address PO Box 1381

**Transaction ID : D169450**

City State Zip Code  
Tacoma WA 98401-1381

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name

**Rep. Derek Kilmer**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. KATHERINE CLARK FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Mailing Address PO Box 361

**Transaction ID : D169447**

City State Zip Code  
Malden MA 02148-0004

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign contribution

Category/ Type
-------------------

Candidate Name

**Rep. Katherine M. Clark**

Office Sought:  House  
 Senate  
 President  
State: MA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SIMPSON FOR CONGRESS**

Mailing Address PO Box 1541

City State Zip Code  
Boise ID 83701-1541

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Mike Simpson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

**Transaction ID : D169679**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. RALPH ABRAHAM FOR CONGRESS**

Mailing Address P.O. BOX 14062

City State Zip Code  
MONROE LA 71207

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ralph Abraham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

**Transaction ID : D169677**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City State Zip Code  
PALM DESERT CA 92260

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

**Transaction ID : D169676**

Amount of Each Disbursement this Period

5000.00
---------

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

10000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROSA DELAURO**

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511-6311

Purpose of Disbursement  
Campaign contribution

Candidate Name  
**Rep. Rosa DeLauro**

Office Sought:  House  
 Senate  
 President  
State: CT District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : D169449**

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00

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

26000.00