

**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: Boise State ID: Zip Code: 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

MM / DD / YYYY
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: MONROE State LA: Zip Code: 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

MM / DD / YYYY
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: PALM DESERT State CA: Zip Code: 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

MM / DD / YYYY
12 / 11 / 2015

Transaction ID : D169676

Amount of Each Disbursement this Period

5000.00

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

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

10000.00