

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.

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

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

5. Covering Period / / through / /

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 Jennifer L. Dorn

Signature of Treasurer Jennifer L. Dorn [Electronically Filed] Date / /

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 Physician Assistants Political Action Committee (PA PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		41204.35
(b) Cash on Hand at Beginning of Reporting Period.....	41204.35	
(c) Total Receipts (from Line 19)	39091.00	39091.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80295.35	80295.35
7. Total Disbursements (from Line 31).....	11558.02	11558.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68737.33	68737.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7098.00	7098.00
(ii) Unitemized	31993.00	31993.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39091.00	39091.00
(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)	39091.00	39091.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	39091.00	39091.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39091.00	39091.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	558.02	558.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	558.02	558.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11558.02	11558.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11558.02	11558.02

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)	39091.00	39091.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39091.00	39091.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	558.02	558.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	558.02	558.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Gail Curtis
Full Name (Last, First, Middle Initial)

Mailing Address 3056 Upland Pl

City Clemmons State NC Zip Code 27012-9005

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

Name of Employer Wake Forest University Occupation Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2013

Transaction ID : C2338773

Amount of Each Receipt this Period
 500.00

B. Ann Marie Davis
Full Name (Last, First, Middle Initial)

Mailing Address 14456 Meadow Dr

City Grass Valley State CA Zip Code 95945-9065

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

Name of Employer AAPA Occupation Director, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013

Transaction ID : C2338715

Amount of Each Receipt this Period
 500.00

C. James E. Delaney PA-C
Full Name (Last, First, Middle Initial)

Mailing Address 818 Shallowater Dr

City Allen State TX Zip Code 75013-4759

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

Name of Employer UT Southwestern Occupation Physician Assistant

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
 05 / 31 / 2013

Transaction ID : C2339918

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James E. Delaney PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 818 Shallowater Dr
 City State Zip Code
 Allen TX 75013-4759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UT Southwestern Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : C2340518
 Amount of Each Receipt this Period
 150.00

B. Jennifer Dorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mill Rd Ste 1300
 City State Zip Code
 Alexandria VA 22314-6868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Academy of Physician Assistan CEO
 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
 03 / 20 / 2013
Transaction ID : C2292491
 Amount of Each Receipt this Period
 500.00

C. Scott C. Frischknecht PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 W 1465 N
 City State Zip Code
 Centerville UT 84014-3320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Group Practice Physicians Office Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : C2340083
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Beth Grivett
Full Name (Last, First, Middle Initial)

Mailing Address 27662 Aliso Creek Rd
Apt 8202

City Aliso Viejo State CA Zip Code 92656-5809

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

Name of Employer Premier Physicians Medical Group Occupation Physician Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 09 / 2013
Transaction ID : C2286811

Amount of Each Receipt this Period
250.00

B. Stephen Harold Hanson MPA, PA-C
Full Name (Last, First, Middle Initial)

Mailing Address 13500 Spring Mountain Ave

City Bakersfield State CA Zip Code 93314-9015

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

Name of Employer california PA staffing Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 30 / 2013
Transaction ID : C2338374

Amount of Each Receipt this Period
500.00

C. Sandra (Sandy) Harding
Full Name (Last, First, Middle Initial)

Mailing Address 2318 Mill Rd
Ste 1300

City Alexandria State VA Zip Code 22314-6868

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

Name of Employer American Academy of Physician Assistan Occupation Senior Director, Federal Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 17 / 2013
Transaction ID : C2332244

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 20
	(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"/> 16
		<input type="checkbox"/> 17

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

A. Lawrence M. Herman MPA, RPA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 853 Park Ave
 City State Zip Code
 Huntington NY 11743-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Institute of Technology Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : C2340084
 Amount of Each Receipt this Period
 500.00

B. Alan Hull PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Pheasant Hill Dr
 City State Zip Code
 Portland ME 04103-2783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maine Spine & Rehabilitation Physical Med Rehab.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : C2341181
 Amount of Each Receipt this Period
 500.00

C. Gerald Dean Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 1228 Heather Ridge Rd
 City State Zip Code
 North Las Vegas NV 89031-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 General Medicine PA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2314216
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gerald Dean Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 1228 Heather Ridge Rd
 City North Las Vegas State NV Zip Code 89031-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Medicine Occupation PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2013
Transaction ID : C2338294
 Amount of Each Receipt this Period
 23.00

B. Gerald Dean Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 1228 Heather Ridge Rd
 City North Las Vegas State NV Zip Code 89031-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Medicine Occupation PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : C2338714
 Amount of Each Receipt this Period
 200.00

C. Patricia Marriott
 Full Name (Last, First, Middle Initial)
 Mailing Address 554 Country Club Rd
 City Waterbury State CT Zip Code 06708-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale Medical Group Occupation Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : C2337425
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	723.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Todd A. Pickard
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Waverly St

City Houston State TX Zip Code 77008-6760

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

Name of Employer MD Anderson Cancer Center Occupation Physician Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 31 / 2013
Transaction ID : **C2339917**

Amount of Each Receipt this Period
500.00

B. Kathleen A. Scarbalis
Full Name (Last, First, Middle Initial)

Mailing Address 11919 Parkside Dr

City Fairfax State VA Zip Code 22033-2648

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

Name of Employer Children's Center for Cancer and Blood Occupation Physician Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
02 / 28 / 2013
Transaction ID : **C2277034**

Amount of Each Receipt this Period
50.00

C. Kathleen A. Scarbalis
Full Name (Last, First, Middle Initial)

Mailing Address 11919 Parkside Dr

City Fairfax State VA Zip Code 22033-2648

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

Name of Employer Children's Center for Cancer and Blood Occupation Physician Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
05 / 31 / 2013
Transaction ID : **C2339907**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

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

A. Shepard B. Stone PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 Robert Frost Dr
 City Branford State CT Zip Code 06405-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Hospital Occupation PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2013**
Transaction ID : C2338417
 Amount of Each Receipt this Period **500.00**

B. Ryan Teague
 Full Name (Last, First, Middle Initial)
 Mailing Address 11003 Clematis Ln
 2nd Floor Orthopedics
 City Houston State TX Zip Code 77035-3115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey-Seybold Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **02 / 28 / 2013**
Transaction ID : C2275749
 Amount of Each Receipt this Period **275.00**

C. Ryan Teague
 Full Name (Last, First, Middle Initial)
 Mailing Address 11003 Clematis Ln
 2nd Floor Orthopedics
 City Houston State TX Zip Code 77035-3115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey-Seybold Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **02 / 28 / 2013**
Transaction ID : C2311553
 Amount of Each Receipt this Period **-275.00**

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. James Dale Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Augusta Pointe Dr

City Ripon State CA Zip Code 95366-9383

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

Name of Employer Golden Valley Health Centers Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
01 / 28 / 2013
Transaction ID : C1913591

Amount of Each Receipt this Period
45.00

B. James Dale Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Augusta Pointe Dr

City Ripon State CA Zip Code 95366-9383

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

Name of Employer Golden Valley Health Centers Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
02 / 28 / 2013
Transaction ID : C1978194

Amount of Each Receipt this Period
45.00

C. James Dale Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Augusta Pointe Dr

City Ripon State CA Zip Code 95366-9383

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

Name of Employer Golden Valley Health Centers Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
03 / 28 / 2013
Transaction ID : C2295738

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James Dale Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Augusta Pointe Dr

City Ripon State CA Zip Code 95366-9383

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

Name of Employer Golden Valley Health Centers Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
04 / 28 / 2013
Transaction ID : C2317796

Amount of Each Receipt this Period
45.00

B. James Dale Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Augusta Pointe Dr

City Ripon State CA Zip Code 95366-9383

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

Name of Employer Golden Valley Health Centers Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
05 / 28 / 2013
Transaction ID : C2337790

Amount of Each Receipt this Period
45.00

C. James Dale Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Augusta Pointe Dr

City Ripon State CA Zip Code 95366-9383

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

Name of Employer Golden Valley Health Centers Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
06 / 28 / 2013
Transaction ID : C2362540

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **140.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Robert L. Wooten PA-C

Mailing Address 612 Kenneth Rd

City Greensboro State NC Zip Code 27455-2514

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

Name of Employer Forsyth Emergency Service Occupation PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : C2340274

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	7098.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : D146944

Amount of Each Disbursement this Period

74.81

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : D146945

Amount of Each Disbursement this Period

37.87

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2013

Transaction ID : D146946

Amount of Each Disbursement this Period

37.85

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

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

150.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : D146947

Amount of Each Disbursement this Period

34.95

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : D146948

Amount of Each Disbursement this Period

39.97

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 600 N Washington St

City Alexandria State VA Zip Code 22314-1914

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : D147032

Amount of Each Disbursement this Period

332.57

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

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

407.49

558.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BILLY LONG FOR CONGRESS

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Billy Long

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2013

Transaction ID : D146929

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Billy Long

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : D146936

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Karen Bass

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : D146939

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Kristi Noem

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	3

Transaction ID : D146922

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

Transaction ID : D146932

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement
2014 Primary Election

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	3

Transaction ID : D146943

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code
PITTSBURGH PA 15234

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Tim Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2013

Transaction ID : D146924

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALBERG FOR CONGRESS

Mailing Address PO Box 1362

City State Zip Code
Jackson MI 49204-1362

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Tim Walberg

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : D146941

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2000.00

11000.00
