

# 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 Physician Assistants Political Action Committee (PA PAC)

ADDRESS (number and street) 2318 Mill Road  
Suite 1300  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00122499 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

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

Signature of Treasurer DORN, JENNIFER, Ms., [Electronically Filed] Date 07 / 13 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of 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="2018"/>		132374.52
(b) Cash on Hand at Beginning of Reporting Period.....	157410.66	
(c) Total Receipts (from Line 19) .....	49193.23	79382.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	206603.89	211757.24
7. Total Disbursements (from Line 31).....	49856.51	55009.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	156747.38	156747.38
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 Physician Assistants Political Action Committee (PA PAC)**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18902.33	23362.33
(ii) Unitemized .....	30290.90	56020.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49193.23	79382.72
(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) .....	49193.23	79382.72
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)).....▶	49193.23	79382.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49193.23	79382.72

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. Disbursements</b>	<b>COLUMN A</b> <b>Total This Period</b>	<b>COLUMN B</b> <b>Calendar Year-to-Date</b>
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 .....	241.51	809.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	241.51	809.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	54000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	115.00	200.00
(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)).....	115.00	200.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49856.51	55009.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49856.51	55009.86

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49193.23	79382.72
34. Total Contribution Refunds (from Line 28(d)) .....	115.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49078.23	79182.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	241.51	809.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	241.51	809.86

**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 44
	<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. Adler, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 477 N El Camino Real  
 Ste B301  
 City Encinitas State CA Zip Code 92024-1331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacific Pain Medicine Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AA1E6CCA99BF44D8DAD**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Alexander, Lisa, Mustone, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 23rd St NW  
 Ste 6148  
 City Washington State DC Zip Code 20037-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Assistant Dean For Community Based Par Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : A22B5F376018E40D8947**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Berger, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6820 E Via Cortina  
 City Huntsville State UT Zip Code 84317-9436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wee Care Pediatrics Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : AA71ACAF762945C0BDB**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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 7 OF 44
	<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. Boutte, Matthew, , , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1407 Main St  
 Apt 1407  
 City Dallas State TX Zip Code 75202-4114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Integrative Emergency Medicine Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AD02AD6BE349846E8AC4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bundschu, Milton, Randolph, , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Walnut St., Unit 11955  
 City Green Cove Springs State FL Zip Code 32043-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Healthcare of Atlanta Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : AEA07838CFC6942FEA90**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Butterfield Vickery, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2318 Mill Rd  
 City Alexandria State VA Zip Code 22314-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAPA Occupation (for Individual) Staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 201.50

Date of Receipt 06 / 29 / 2018  
**Transaction ID : ADFAE8B3F06324A2AB64**  
 Amount of Each Receipt this Period 46.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	446.50
<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 8 OF 44
<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. Campbell, Dana, Elizabeth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1406 W 5th St  
 Ste 303  
 City London State KY Zip Code 40741-1688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of the Cumberlands Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : A0242328F03714776A09**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cappelmann, Susan, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4230 Douglaston Pkwy  
 Apt 6J  
 City Douglaston State NY Zip Code 11363-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACE University-Lenox Hill Hospital Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : AE03EBC2C2BEE4981AF8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Carlson, Rachel, A., , PA-C, MSBS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 Campus Blvd  
 Ste 430  
 City Winchester State VA Zip Code 22601-2872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shenandoah University Occupation (for Individual) Family Medicine wt Urgent Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A07449F47E7C84495BE5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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 9 OF 44
	<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. Coyte, Elizabeth, A., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13964 Delta Cir  
# C

City Redfield State IA Zip Code 50233-6106

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

Name of Employer (for Individual) Southside Center Occupation (for Individual) Family Medicine wt Urgent Care

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  
 05 / 31 / 2018

**Transaction ID : A03490469D32F4FFD8E6**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Curtis, L., Gail, , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Medical Center Blvd  
Dept OF

City Winston Salem State NC Zip Code 00001

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

Name of Employer (for Individual) Wake Forest Univ Occupation (for Individual) PA

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  
 06 / 04 / 2018

**Transaction ID : A2D8A1C63A639404BB6C**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dang, Diem, Jillian, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9958 Bodem Dr

City Centerville State OH Zip Code 45458-4150

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

Name of Employer (for Individual) Locum Tenems Provider Occupation (for Individual) PA

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  
 06 / 14 / 2018

**Transaction ID : AF9FC735F03B0474CBF3**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 10 OF 44
<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. Delaney, James, E., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) UT Southwestern Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : AD63390972B79475C9D7**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Diver, Thomas, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Waters Edge  
 City Keller State TX Zip Code 76248-8910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNTHSC Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A6373F02FFC2D412D901**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. DORN, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : A424D0A358F154E2B866**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 44
	<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. DORN, JENNIFER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018  
**Transaction ID : AD5A1338B02054F97B6A**

Amount of Each Receipt this Period 50.00

Memo Item

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

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 (for Individual) American Academy of Physician Assistan Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 06 / 29 / 2018  
**Transaction ID : A731E90B95BAE456B8AF**

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address 20935 Coventry Dr

City Brookfield State WI Zip Code 53045-4042

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : A691BCDF0BA18454BBD7**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**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 44
	<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. Elliot, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1029 Nagawicka St

City Delafield	State WI	Zip Code 53018-1638
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Veterans Administration	Occupation (for Individual) PA
--	-----------------------------------

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
06		13		2018

**Transaction ID : AB229D7647F884CC39A5**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Elliott, Jill, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 Virginia Dr

City Round Rock	State TX	Zip Code 78664-3241
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Community Health Centers of South Texa	Occupation (for Individual) PA
---	-----------------------------------

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
06		11		2018

**Transaction ID : A5AB754BC950B48009DB**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Foster, Dana, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2731 Brook Bend Ln

City El Campo	State TX	Zip Code 77437-2166
------------------	-------------	------------------------

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

Name of Employer (for Individual) El Campo Memorial Hospital	Occupation (for Individual) PA
---	-----------------------------------

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
06		04		2018

**Transaction ID : AC919413781EA4A9094F**

Amount of Each Receipt this Period  
250.00

Memo Item

<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 13 OF 44
	<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. Fowler, Tillie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Academy of Physician Assistan Occupation (for Individual) AAPA Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2018  
**Transaction ID : A556D0953006849A0BFE**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Friedmann, Ed, , , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box C  
 City Redfield State IA Zip Code 50233-0903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Redfield Medical Center Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : AE6DA8C1F13B149599A6**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Glick, Brian, , , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 Hubbs Rd  
 City Ballston Lake State NY Zip Code 12019-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Glens Falls Hospital Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : A5CABF862E65142BEAE2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1310.00  
**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 44
<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. Grubb, Bethany, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9723 Forestridge Cir  
 City Dallas State TX Zip Code 75238-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Platinum Dermatology Associates of Upt Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A56A3C14934A449DD9C7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Grubb, Bethany, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9723 Forestridge Cir  
 City Dallas State TX Zip Code 75238-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Platinum Dermatology Associates of Upt Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : ADD51614255274756854**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Hancock, Wanda, C., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 Susanna Ct  
 City Farmville State NC Zip Code 27828-8530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Veterans Administration Health Care Ce Occupation (for Individual) Surg: Urology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AC1F3990BB363471C95A**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 15 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Heuer, William, Tate, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road  
Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2018

**Transaction ID : A82898291CDF44599855**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Heuer, William, Tate, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road  
Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

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

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  
 05 / 15 / 2018

**Transaction ID : A4C8AF668DF694FFE8F1**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Heuer, William, Tate, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2318 Mill Road  
Suite 1300

City Alexandria State VA Zip Code 22314-6868

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2018

**Transaction ID : A995528B17882481CBD8**

Amount of Each Receipt this Period  
130.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<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 16 OF 44
	<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. Hoerman, Loretta, M., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6645 SW 53rd St  
 City Topeka State KS Zip Code 66610-9689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAINT FRANCIS FAMILY MEDICINE Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : AC8CF2A0A95884E82907**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Jackson, Jenny, L., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hartland Ave  
 City Huntington Station State NY Zip Code 11746-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Winthrop Hospital Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AB529732BA46A4584B15**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jacobs, Steven, E., , MPAS, PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7860 N Wexford Ct  
 City Bloomington State IN Zip Code 47408-9339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana University Health Center Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : AA74FB38AE3F348A8898**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 44
<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. Jones, Gerald, Dean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5317 Fountain Palm St  
 City Las Vegas State NV Zip Code 89130-3680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Medicine Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A57EDEA10DF0847A7A05**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Katz, Jeffrey, A., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 735 4th St NE jefferey  
 City Hickory State NC Zip Code 28601-3809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Care Center Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : A1C00F5338DD0415282E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Keahey, David, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1705 E 4620 S  
 City Salt Lake City State UT Zip Code 84117-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAEA Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : ACA9C6C603B1847A9BFF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<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 18 OF 44
	<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. Kernaghan, Jacqueline, Marie, , PA-C**

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

Mailing Address 15 Circle Ave

City West Chester	State PA	Zip Code 19382-4807
----------------------	-------------	------------------------

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

Name of Employer (for Individual) LMG Family Practice	Occupation (for Individual) Family Medicine w/o Urgent Care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2018

**Transaction ID : AA019FC1630804E75B1A**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Landel, Grace, P., , PA-C, MED**

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

Mailing Address 4311 11th Ave NE  
Ste 200

City Seattle	State WA	Zip Code 98105-6367
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Washington MEDEX	Occupation (for Individual) Family Medicine w/o Urgent Care
---	--

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
06	/	11	/	2018

**Transaction ID : ACC56437D19C14ED9AD0**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Manley, Gary, L., ,**

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

Mailing Address 9336 Sienna Ridge Dr

City Las Vegas	State NV	Zip Code 89117-7015
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Nevada Family Care	Occupation (for Individual) Physician Assistant
---	--

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
04	/	08	/	2018

**Transaction ID : AA7218277B2E440FA86F**

Amount of Each Receipt this Period  
100.00

Memo Item

<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 19 OF 44
<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. Martinez, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 Travis St  
 Apt 1003  
 City Houston State TX Zip Code 77006-3556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : A58E666277B7C46EE8AC**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. McIntosh, Kadian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16448 Beewood Glen Dr  
 City Sugar Land State TX Zip Code 77498-7186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MD Anderson Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A5F6B2B83AEDC4F0DB2E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Miller, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Grand Ave  
 City Des Moines State IA Zip Code 50312-4176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2018  
**Transaction ID : A22ADE28AC1A84535B27**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<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 20 OF 44
<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. Mithoefer, James, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 Sugar House Ln Stone Farm  
 Corner Stone Farm  
 City Manchester Center State VT Zip Code 05255-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth Hitchcock Medical Center Occupation (for Individual) PA-C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : ACF4E145E3A364EA19C9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mithoefer, James, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 Sugar House Ln Stone Farm  
 Corner Stone Farm  
 City Manchester Center State VT Zip Code 05255-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth Hitchcock Medical Center Occupation (for Individual) PA-C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2018  
**Transaction ID : AB7B4D1AE2E6A48839D6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Montes, Eva, J., , MCG, MPAS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1426 Gracy Dr  
 City Austin State TX Zip Code 78758-3728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Thyroid & Endocrinology Occupation (for Individual) Family Medicine w/o Urgent Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A7A73C24D69E742338A6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Munsell, Debra, S., , MPAS, PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 University Blvd  
 # RT  
 City Galveston State TX Zip Code 77555-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Texas Medical Branch - Galvest Occupation (for Individual) Geriatrics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2018  
**Transaction ID : A7D505B505DD94BD09E1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Myers, Steven, P., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51293 Caroline Dr  
 City Chesterfield State MI Zip Code 48047-4582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. John Macomb Hospital Occupation (for Individual) Surg: Trauma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 04 / 2018  
**Transaction ID : A36A7874AF0264CE883B**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. North, Jeanine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8206 Woodland Hills Dr  
 City Semmes State AL Zip Code 36575-7489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Alabama Family Medicine Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : AD2E6064012D04B6989E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 22 OF 44
<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. Paul, Paula, F., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Country Club Dr  
 City Wilmington State DE Zip Code 19803-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christiana Care Hospital Occupation (for Individual) Emergency Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : A7B169753F6074290AED**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Paulson, Molly, , , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2126 3 Mile Rd NE  
 City Grand Rapids State MI Zip Code 49505-3442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AF ASSOCIATES Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : AB303F240DF154DFAAB5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Peterson, Phyllis, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 4th St Stop 8103  
 City Lubbock State TX Zip Code 79430-8103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TTUHSC Department of Psychiatry Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : AFC13722E7A1D4F91891**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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 23 OF 44
<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. Pickard, Todd, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) MD Anderson Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AB8F6B39C76C74428972**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Pollard, Lola, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 W 1st St  
 City Webster State SD Zip Code 57274-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Clinic Webster Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2018  
**Transaction ID : AB2C00A16CE154BFEB60**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Potter, Ori, R., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1314 W Broadway  
 City Monmouth State IL Zip Code 61462-8510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Hospital Occupation (for Individual) Family Medicine wt Urgent Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A16D5CB65A9CC4A6083A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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 24 OF 44
	<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. Ramos, Otilio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 Colonel Byrd St  
 City Chesapeake State VA Zip Code 23323-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eastern Virginia Medical School Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 11 / 2018**  
**Transaction ID : A8E0206752C4F4C0F8C8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Regan, Mary, Clare, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Kensington Rd  
 City Garden City State NY Zip Code 11530-2742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Winthrop University Hospital Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 04 / 2018**  
**Transaction ID : A0C8C3DF097494CF2B1B**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Robinson, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2061 Terrabrook Ln  
 City Charleston State SC Zip Code 29412-3114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roper Physician Partners Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 14 / 2018**  
**Transaction ID : A7EAEA2742FA5459DA6A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 25 OF 44
	<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. Seyler, Corey, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2738 Boger Stadt Rd  
 City Fogelsville State PA Zip Code 18051-2207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Orthopaedic Associates Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AF3C78464572847D2AC2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sheehan, James, M., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Paseos Drive Apt 804  
 City Rochester State NY Zip Code 14618-5661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Highland Hospital Occupation (for Individual) Emergency Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 24 / 2018  
**Transaction ID : A6D4A8DE2B3E34978BBE**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Shefchik, Kim, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3095 N Brook Hills Dr  
 City Suamico State WI Zip Code 54313-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bellin Health Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A9D3395B92ACA4F17B75**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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: (check only one)	PAGE 26 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Sikes, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Beresford Rd  
 City Tyrone State GA Zip Code 30290-2733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Douglas Dermatology and Skin Cancer Sp Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt **06 / 20 / 2018**  
**Transaction ID : A537E0F155B1549418F7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Smith, Noel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) AAPA Occupation (for Individual) Researcher  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt **06 / 29 / 2018**  
**Transaction ID : A14D98FB77FEF4A5894C**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Somers, Jay, Clark, , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 W Warm Springs Rd Suite A-4 # Ste A4  
 City Las Vegas State NV Zip Code 89113-3677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nevada Family Psychiatry Occupation (for Individual) Psychiatry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 291.66

Date of Receipt **06 / 06 / 2018**  
**Transaction ID : A7E1AD24D88A24EFAABE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	660.00
<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 27 OF 44
<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. Somers, Jay, Clark, , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 W Warm Springs Rd Suite A-4 #  
 Ste A4  
 City Las Vegas State NV Zip Code 89113-3677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nevada Family Psychiatry Occupation (for Individual) Psychiatry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 387.49

Date of Receipt 06 / 23 / 2018  
**Transaction ID : AA84671E6153F48E193D**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Somers, Jay, Clark, , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 W Warm Springs Rd Suite A-4 #  
 Ste A4  
 City Las Vegas State NV Zip Code 89113-3677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nevada Family Psychiatry Occupation (for Individual) Psychiatry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 387.49

Date of Receipt 06 / 23 / 2018  
**Transaction ID : A387CC57FE2C44BFEA6C**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. Stewart, Christopher, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2318 Mill Road  
 City Alexandria State VA Zip Code 22314-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : A6A317C3B536C415F80D**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.83
<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 28 OF 44
	<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. Stewart, Christopher, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2318 Mill Road  
 City Alexandria State VA Zip Code 22314-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 18 / 2018  
**Transaction ID : A074821F24CC04727AE3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Stewart, Christopher, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2318 Mill Road  
 City Alexandria State VA Zip Code 22314-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAPA Occupation (for Individual) AAPA Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 29 / 2018  
**Transaction ID : A33C695DE33AF4564A02**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. Sutherland, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14036 Spring Mill Rd  
 City Louisville State KY Zip Code 40245-7491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of San Francisco Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : A27B392D4A3E44BF29F9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 29 OF 44
	<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. Theriault, Julie, A., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3595 I St  
 City Sacramento State CA Zip Code 95816-4525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A360929138E3C4EACA82**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ward, Monica, Foote, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6335 Palo Pinto Ave  
 City Dallas State TX Zip Code 75214-3619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Scott & amp; White Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : AC5D6AE2592E9408B92E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Weber, Aaron, August, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2863 W 22nd Street  
 City Brooklyn State NY Zip Code 11224-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAGNY Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : AAF4262379B964FB4A5E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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: PAGE 30 OF 44  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Wharton, Wendell, S., , PA

Mailing Address 8201 Camino Media  
 Apt 65

City Bakersfield State CA Zip Code 93311-2013

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

Name of Employer (for Individual) Pacific Arthritis Care Center Occupation (for Individual) PA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 05 / 31 / 2018

**Transaction ID : A2974AF89B826409D8A0**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18902.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Avenue, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Aristotle Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : BFB2D13D2F**  
Amount of Each Disbursement this Period

[ ] 59.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Avenue, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Aristotle Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : BF0A841C04I**  
Amount of Each Disbursement this Period

[ ] 26.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 N Washington St

City  
Alexandria

State  
VA

Zip Code  
22314-1914

Purpose of Disbursement  
Bank fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

FEC Identification Number

C [ ]

**Transaction ID : B0F3F34872I**  
Amount of Each Disbursement this Period

[ ] 155.73

Memo Item

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

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

[ ] 241.51

[ ] 241.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2018

Mailing Address PO BOX 1242

FEC Identification Number

C	C00374058
---	-----------

City TUCSON State AZ Zip Code 85702

**Transaction ID : B623B3358A:**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Re-election 2018

1000.00
---------

Candidate Name  
**Grijalva, Raul, M., ,**

Category/  
Type

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADRIAN SMITH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2018

Mailing Address 3321 AVENUE I

FEC Identification Number

C	C00412890
---	-----------

City SCOTTSBLUFF State NE Zip Code 69361

**Transaction ID : B9C8C6E1F7I**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Re-election 2018

2000.00
---------

Candidate Name  
**Smith, Adrian, M., ,**

Category/  
Type

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. BEN CARDIN FOR SENATE, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2018

Mailing Address P.O. BOX 21093

FEC Identification Number

C	C00411587
---	-----------

City CATONSVILLE State MD Zip Code 21228

**Transaction ID : B63DA7FB3:**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Re-election 2018

1500.00
---------

Candidate Name  
**Cardin, Ben, L., ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Mailing Address 901 SE OAK STREET

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Blumenauer, Earl, , ,**

Office Sought:  House  Senate  President  
State: OR District: 03  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2018

FEC Identification Number

**C** C00307314  
**Transaction ID : B037F3EB0C**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 901 SE OAK STREET

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Blumenauer, Earl, , ,**

Office Sought:  House  Senate  President  
State: OR District: 03  
Disbursement For: 2018  
 Primary  General  Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2018

FEC Identification Number

**C** C00307314  
**Transaction ID : BE2CD5606F**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOB CASEY FOR SENATE INC**

Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Casey, Robert, P., , Jr.**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2018

FEC Identification Number

**C** C00431056  
**Transaction ID : BA6B59AD6**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 3433

City  
PALM DESERT

State  
CA

Zip Code  
92261

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Ruiz, Raul, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

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

FEC Identification Number

**C** C00502575

**Transaction ID : B534E9BFA1**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. EDUCATE AND INNOVATE PAC**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Re-election 2018

Candidate Name

**EDUCATE AND INNOVATE PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

**C** C00564187

**Transaction ID : BD1EEAAD13**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MURPHY**

Mailing Address PO BOX 127

City  
Cheshire

State  
CT

Zip Code  
06410-0127

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Murphy, Chris, S., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

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

FEC Identification Number

**C** C00492645

**Transaction ID : B482E8D5D5**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address 2345 GRAND BLVD

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement Re-election 2018

Candidate Name **Graves, Sam, B., , Jr.**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MO District: 06

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2018

FEC Identification Number  
**C** C00359034  
**Transaction ID : BD9174A1E1**  
 Amount of Each Disbursement this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HAWKEYE PAC, THE**

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement Re-election 2018

Candidate Name **HAWKEYE PAC, THE**

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

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2018

FEC Identification Number  
**C** C00379479  
**Transaction ID : BF2D6C070E1**  
 Amount of Each Disbursement this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Re-election 2018

Candidate Name **McCarthy, Kevin, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: CA District: 23

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2018

FEC Identification Number  
**C** C00420935  
**Transaction ID : B97863F513;**  
 Amount of Each Disbursement this Period  
 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LAHOOD FOR CONGRESS**

Mailing Address P.O. BOX 10735

City  
PEORIA

State  
IL

Zip Code  
61612

Purpose of Disbursement  
Re-election 2018

Candidate Name

**LaHood, Darin, M., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

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

FEC Identification Number

**C** C00575050

**Transaction ID : B6F88439105**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City  
Colonia

State  
NJ

Zip Code  
07067-0225

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Lance, Leonard, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NJ District: 07

Date of Disbursement

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

FEC Identification Number

**C** C00444224

**Transaction ID : BBE289B6E4**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAGGIE FOR NH**

Mailing Address PO BOX 298

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Hassan, Margaret, Wood, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	8

FEC Identification Number

**C** C00588772

**Transaction ID : BD474ED1A;**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Date of Disbursement

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

Mailing Address PO Box 3241

FEC Identification Number

**C** C00392134

**Transaction ID : B4F5B2D51D**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement Re-election 2018

Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE

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

Full Name (Last, First, Middle Initial)

**B. MARTIN HEINRICH FOR SENATE**

Date of Disbursement

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

Mailing Address P.O. BOX 25763

FEC Identification Number

**C** C00434563

**Transaction ID : B2E62648C42**

Amount of Each Disbursement this Period

1000.00

Memo Item

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement Re-election 2018

Candidate Name Heinrich, Martin, T., ,

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

State: NM District:

Full Name (Last, First, Middle Initial)

**C. MCKINLEY FOR CONGRESS**

Date of Disbursement

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

Mailing Address PO BOX 642

FEC Identification Number

**C** C00473132

**Transaction ID : B07D48064A**

Amount of Each Disbursement this Period

1000.00

Memo Item

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement Re-election 2018

Candidate Name McKinley, David, B., ,

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

State: WV District: 01

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Kelly, Mike, , , Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2018

FEC Identification Number

**C** C00474189

Transaction ID : BAEE6E37F1  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Thompson, Mike, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2018

FEC Identification Number

**C** C00326363

Transaction ID : B112F7299B1  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Tester, Jon, , ,**

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

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2018

FEC Identification Number

**C** C00412304

Transaction ID : B73B12B723  
Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City  
HAYS

State  
KS

Zip Code  
67601

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Moran, Jerry, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

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

FEC Identification Number

**C** C00458315

**Transaction ID : B4944023449**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Re-election 2018

Candidate Name

**NEXT CENTURY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

**C** C00343947

**Transaction ID : BF945D61472**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City  
ALBANY

State  
NY

Zip Code  
12206

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Tonko, Paul, D., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

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

FEC Identification Number

**C** C00450049

**Transaction ID : B5010925D51**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RAND PAC 2016**

Mailing Address PO BOX 4162

City  
HAYWARD

State  
CA

Zip Code  
94540

Purpose of Disbursement  
Re-election 2018

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2018

FEC Identification Number

C  
**Transaction ID : BD9AB113EF**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 MAGNOLIA TERRACE

City  
Springfield

State  
MA

Zip Code  
01108-2533

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Neal, Richard, E., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2018

FEC Identification Number

C C00226522  
**Transaction ID : B8C017DE43/**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City  
WHEATON

State  
IL

Zip Code  
60187

Purpose of Disbursement  
Re-election 2018

Candidate Name  
**Roskam, Peter, J., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2018

FEC Identification Number

C C00410969  
**Transaction ID : BA5659F822**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City  
EVANSTON

State  
IL

Zip Code  
60204

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Schakowsky, Jan, D., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 18 / 2018

FEC Identification Number

**C** C00327023

**Transaction ID : B30AFD0111**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSING

State  
MI

Zip Code  
48826

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Stabenow, Debbie, A., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MI District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 06 / 2018

FEC Identification Number

**C** C00344473

**Transaction ID : B11C9E0249C**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address 228 SOUTH WASHINGTON  
SUITE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Re-election 2018

Candidate Name

**TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 19 / 2018

FEC Identification Number

**C** C00388421

**Transaction ID : B24D789055;**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address P.O. BOX 1964

City  
BIRMINGHAM

State  
AL

Zip Code  
35201

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Sewell, Terri, A., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

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

FEC Identification Number

**C** C00458976

**Transaction ID : B7424716C9I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City  
CHARLESTON

State  
SC

Zip Code  
29407

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Scott, Tim, E., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: SC District:

Date of Disbursement

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

FEC Identification Number

**C** C00540302

**Transaction ID : B515168200I!**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO BOX 661

City  
COLLINSVILLE

State  
IL

Zip Code  
62234

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Shimkus, John, M., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

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

FEC Identification Number

**C** C00258855

**Transaction ID : B43DF4E103**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address PO Box 1362

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Walberg, Tim, L., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2018			

FEC Identification Number

**C** C00390724

**Transaction ID : B30FD384B1!**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City  
HOOD RIVER

State  
OR

Zip Code  
97031

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Walden, Greg, P., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			19			2018			

FEC Identification Number

**C** C00333427

**Transaction ID : B392E02BA6!**  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City  
Providence

State  
RI

Zip Code  
02940-0280

Purpose of Disbursement  
Re-election 2018

Candidate Name

**Whitehouse, Sheldon, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2018			

FEC Identification Number

**C** C00410803

**Transaction ID : B08DE9733A**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

49500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Funk, Michael, L., , PA-C, MPH**

Mailing Address 6002 Diamond Ruby Ste 3

City Christiansted State VI Zip Code 00820-5226

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2018

FEC Identification Number

C  
Transaction ID : B46AB99450  
Amount of Each Disbursement this Period  
85.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Neumann, Nicole, , ,**

Mailing Address 9573 Yukon Ave S

City Bloomington State MN Zip Code 55438-1651

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number

C  
Transaction ID : B872EE4B911  
Amount of Each Disbursement this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

115.00

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

115.00