

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

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

FOR LINE NUMBER: PAGE 15 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

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

A. Gruenbacher, Douglas, J, , MD

Mailing Address PO BOX 510

City
Quinter

State
KS

Zip Code
67752-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bluestem Medical, LLP

Occupation (for Individual)
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2019

Transaction ID : C3965295

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Harley, Douglas, W, , DO, FACOFP

Mailing Address 5318 Cadwallader Sonk Rd

City
Fowler

State
OH

Zip Code
44418-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Akron General Medical Center

Occupation (for Individual)
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2019

Transaction ID : C3967827

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Harrison, Jerry, Jerome, , MD, FAAFP

Mailing Address 904 26th St

City
Haleyville

State
AL

Zip Code
35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2019

Transaction ID : C3957445

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.00