

# **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)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2020

**Transaction ID : C4070373**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**B. Heinemann, Daniel, J, , MD, FAAFP**

Mailing Address 48293 Arrowhead Pl

City  
Canton

State  
SD

Zip Code  
57013-5868

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanford Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

**Transaction ID : C4062502**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Herfter-Bueno, Ernesto, , , MD**

Mailing Address 8900 Southurst St

City  
Highlands Ranch

State  
CO

Zip Code  
80129-2782

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 ▼

364.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2020

**Transaction ID : C4060852**

Amount of Each Receipt this Period

91.25

☐ Memo Item

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

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

286.25