

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

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

FOR LINE NUMBER: PAGE 12 OF 43

(check only one)

☒ 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. Grosdidier, Maureen, E, , MD

Mailing Address 391 S Prospect Ave

City
ElmhurstState
ILZip Code
60126-3961FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ridge Family PhysiciansOccupation (for Individual)
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 12 / 2019

Transaction ID : C3983910

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gruenbacher, Douglas, J, , MD

Mailing Address PO BOX 510

City
QuinterState
KSZip Code
67752-0510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bluestem Medical, LLPOccupation (for Individual)
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2019

Transaction ID : C3979456

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

c. Harley, Douglas, W, , DO, FACOFP

Mailing Address 5318 Cadwallader Sonk Rd

City
FowlerState
OHZip Code
44418-9735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Akron General Medical CenterOccupation (for Individual)
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 28 / 2019

Transaction ID : C3981738

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

180.00

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