

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

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

FOR LINE NUMBER: PAGE 20 OF 60

(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. Gross, John, Allan, , MD, FAAFP

Mailing Address 506 15Th Ave Ne
7278223117

City
Saint Petersburg

State
FL

Zip Code
33704-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baycare

Occupation (for Individual)

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2019

Transaction ID : C3895172

Amount of Each Receipt this Period

365.00

☐ 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
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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2019

Transaction ID : C3893965

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. 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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2019

Transaction ID : C3895155

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

550.00

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