

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

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

FOR LINE NUMBER: PAGE 11 OF 35

(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. Gonnalagadda, Sreeram, , , MD

Mailing Address 1600 Coit Rd  
Ste 101

City  
Plano

State  
TX

Zip Code  
75075-6171

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Solo Family Medicine Practioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2019

Transaction ID : C3928562

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 ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2019

Transaction ID : C3933360

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  
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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2019

Transaction ID : C3937648

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

495.00

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