

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, FACOPF

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2019

Transaction ID : C3923088

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2019

Transaction ID : C3914216

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2019

Transaction ID : C3917239

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

445.00