

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

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

FOR LINE NUMBER: PAGE 8 OF 47

(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. Beckett, Ayslin, Marie, , MD

Mailing Address 7577 E Oaklawn Rd

City  
BiloxiState  
MSZip Code  
39532-7808FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2019

Transaction ID : C3854330

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Benson, Janice, L, , MD

Mailing Address 4452 N Francisco Ave

City  
ChicagoState  
ILZip Code  
60625-3807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northshore university health systemOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2019

Transaction ID : C3854521

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Benson, Stephanie, Michelle, , MD, FAFAP

Mailing Address 3225 Risner St

City  
Las CrucesState  
NMZip Code  
88011-4823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

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 Y  
02 / 06 / 2019

Transaction ID : C3854331

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1365.00

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