

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

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

FOR LINE NUMBER: PAGE 16 OF 58

(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. 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 ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

Transaction ID : C3948583

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Hall, Katherine, Rebecca, , MD**

Mailing Address PO BOX 1073

City  
AthensState  
TNZip Code  
37371-1073FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Athens Family PracticeOccupation (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  
09 / 11 / 2019

Transaction ID : C3955153

Amount of Each Receipt this Period

365.00

☐ 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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2019

Transaction ID : C3951600

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).....▶