

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

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

FOR LINE NUMBER: PAGE 36 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. Smith, Victoria, Angela, , MD, FAAFP

Mailing Address 46 Brittany Dr

City
KennerState
LAZip Code
70065-2072FEC 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 ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : C3953624

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. Steere, Diane, Marie, , MD

Mailing Address 800 N Carriage Pkwy

City
WichitaState
KSZip Code
67208-4508FEC 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 M / D D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : C3953095

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

c. Stenger, Robert, J, , MD, MPH

Mailing Address 627 S 5th St W

City
MissoulaState
MTZip Code
59801-2615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Montana

Occupation (for Individual)

Associate Professor of Family Medicine

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
09 / 08 / 2019

Transaction ID : C3942643

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1095.00

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