

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. Finneran, Matthew, P, , MD, FAAFP

Mailing Address 251 Leatherman Rd

City
Wadsworth

State
OH

Zip Code
44281-9236

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2020

Transaction ID : C4017985

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. Fisher, Lynn, R, , MD, FAAFP

Mailing Address 1010 N Kansas St
Ste 3001D

City
Wichita

State
KS

Zip Code
67214-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of KS School of Medicine

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 / 08 / 2020

Transaction ID : C4020305

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Gabriel, David, J, , MD

Mailing Address 12600 Hill Country Blvd # R103

City
Austin

State
TX

Zip Code
78738-6723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Family Physicians

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 / 2020

Transaction ID : C4018063

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1365.00