

**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)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Matthew G. Ollerton
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 S 1800 E
 City Springville State UT Zip Code 84663-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : AA23BEF98181C424282F
 Amount of Each Receipt this Period
 250.00

B. Dr. Chris C. Panagoulis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Water St Ste 101
 City Nashua State NH Zip Code 03060-3675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : ABBC15F08537E425E938
 Amount of Each Receipt this Period
 300.00

C. Dr. Jason W. Rockwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 2019 Galisteo St Ste K
 City Santa Fe State NM Zip Code 87505-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A0D18B5DA91CF46DE9EF
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	