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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Dr. Gina Mendoza
Mailing Address: 1025 Avery Trace Cir.
City: Hendersonville State: TN Zip Code: 37075
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: 09 / 19 / 2015
Transaction ID : A5789510F450249C7A15
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial): Dr. Matthew G. Ollerton
Mailing Address: 519 S. 1800 E.
City: Springville State: UT Zip Code: 84663
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 ▼: 225.00
Date of Receipt: 09 / 09 / 2015
Transaction ID : A7B0A7AA056AB40E7B9B
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Dr. Thomas Francis Rappette
Mailing Address: The Centers for Foot & Ankle Surge
654 W. Veterans Pkwy. #D
City: Yorkville State: IL Zip Code: 60560
FEC ID number of contributing federal political committee: C
Name of Employer: The Centers for Foot & Ankle Surgery
Occupation: Podiatric Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 09 / 10 / 2015
Transaction ID : AA5569AE7FF3543ACB17
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 575.00

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