

**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 30 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard G. Saglimbene		Date of Receipt MM / DD / YYYY 06 / 27 / 2013 Transaction ID : 20970520
Mailing Address 1439 White Spruce Dr.		Amount of Each Receipt this Period 300.00
City Toms River	State NJ	Zip Code 08753-2875
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Kirk Eliel Woelffer		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 20970677
Mailing Address Raleigh Foot Center P.O. Box 98209		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27624-8209
FEC ID number of contributing federal political committee. C		
Name of Employer Raleigh Foot Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Zahid A. Ladha		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 20970678
Mailing Address 3544 Marquis Ct.		Amount of Each Receipt this Period 250.00
City Floyds Knobs	State IN	Zip Code 47119-9766
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	