SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 14

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A.
Full Name (Last, First, Middle Initial): Dr. Joseph Albert Buenahora
Mailing Address: 85 Woodchuck Hollow Rd.
City: Cold Spring Harbor State: NY Zip Code: 11724-2434
FEC ID number of contributing federal political committee: C
Name of Employer: E. Meadow Podiatry
Occupation: Podiatrist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 17 2003
Transaction ID: 8913287
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): Dr. Michael A. Conway
Mailing Address: 892 N. Broadway
City: North Massapequa State: NY Zip Code: 11758-2352
FEC ID number of contributing federal political committee: C
Name of Employer: Massapequa Foot Care
Occupation: Podiatrist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 17 2003
Transaction ID: 8913289
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Dr. Harold J. Sauder
Mailing Address: 417 N. 10th St.
City: Independence State: KS Zip Code: 67301-3015
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Podiatrist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 19 2003
Transaction ID: 8886950
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1150.00**

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