

**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 43 OF 46
	<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	

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

A. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maidstone Dr.
 City Lake Charles State LA Zip Code 70605-4033
 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 **600.00**

Date of Receipt **03 / 24 / 2015**
Transaction ID : A68F273B4E5A04A51B6C
 Amount of Each Receipt this Period **100.00**

B. Dr. William J. O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address Carolina Foot Care Associates
 1711 Davie Ave.
 City Statesville State NC Zip Code 28677-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Foot Care Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 27 / 2015**
Transaction ID : A4FDA5FC136BD466CBD9
 Amount of Each Receipt this Period **250.00**

C. Dr. Bryan Carl Satterwhite
 Full Name (Last, First, Middle Initial)
 Mailing Address 3469 Scupper Run S.E.
 City Southport State NC Zip Code 28461-7411
 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 **03 / 27 / 2015**
Transaction ID : A815054C6296A4CBFADE
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	