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 17 / 30

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

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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

A.
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.
Name of Employer: Massapequa Foot Care
Occupation: Podiatrist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 24 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 6449676

B.
Full Name (Last, First, Middle Initial)
Dr. Glenn S. Gold, Jr.
Mailing Address
444 N. 400 E.
City: Bountiful State: UT Zip Code: 84010-4608
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Podiatrist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 28 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: 6472675

C.
Full Name (Last, First, Middle Initial)
Dr. Kent S. Martin
Mailing Address
141 Stoney Creek Dr.
City: Florence State: AL Zip Code: 35633-1562
FEC ID number of contributing federal political committee.
Name of Employer: Martin Foot Specialists, Inc.
Occupation: Podiatrist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 28 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 6472653

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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