SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: | PAGE 37 OF 46
(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

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A. Full Name (Last, First, Middle Initial)
Dr. Raymond G. Cavaliere

Mailing Address 201 E. 28th St. #1A

City	State	Zip Code
New York	NY	10016-8538

FEC ID number of contributing federal political committee.   C

Name of Employer: Self-Employed
Occupation: Podiatric Physician

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2015
Transaction ID : ABF059C649E0446C4AAB

Amount of Each Receipt this Period
500.00

Aggregate Year-to-Date ▼
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David G. Edwards

Mailing Address 1651 Saddle Hill Dr.

City	State	Zip Code
Logan	UT	84321-3001

FEC ID number of contributing federal political committee.   C

Name of Employer: Self-Employed
Occupation: Podiatric Physician

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2015
Transaction ID : A8931FC182B61461D89D

Amount of Each Receipt this Period
1000.00

Aggregate Year-to-Date ▼
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Laura J. Pickard

Mailing Address Norridge Foot Clinic
7325 W. Irving Park Rd.

City	State	Zip Code
Chicago	IL	60634-3547

FEC ID number of contributing federal political committee.   C

Name of Employer: Norridge Foot Clinic
Occupation: Podiatric Physician

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2015
Transaction ID : A0B76104A88B3406796E

Amount of Each Receipt this Period
1000.00

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional).. ▶   2500.00

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