

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 / 32

(check only one)

☒ 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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy C. Ford

Mailing Address 3910 Winchester Rd.

City

Louisville

State

KY

Zip Code

40207-3819

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

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 19103443

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas S. Godfryd

Mailing Address 4988 Heather Point

City

Birmingham

State

AL

Zip Code

35242-3950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Podiatry

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 19123462

Amount of Each Receipt this Period

500.00

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

800.00

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

24425.00