

# **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 19 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, William, , Dr., IV**

Mailing Address Carolina Podiatry Group  
1190 Hwy. 9 Bypass W.

City  
Lancaster

State  
SC

Zip Code  
29720-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
InStride

Occupation (for Individual)  
Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2018

**Transaction ID : A7BF2F97B5BF64E20A6F**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hart, Edwin, S., Dr., III**

Mailing Address 2305 Easton Ave.

City

Bethlehem

State

PA

Zip Code

18017-5009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 23 / 2018

**Transaction ID : ABC6E9B88F53A4A98A78**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Hartley, S., F. Charley, Dr.,**

Mailing Address 112 W. Pasadena Blvd.

City

Deer Park

State

TX

Zip Code

77536-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2018

**Transaction ID : AD55C5510189A40999E9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1615.00