

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 7 OF 22

☒ 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. Bean, Francis, J., Dr.,

Mailing Address Foot & Ankle Center
1001 Hadley Rd.

City
Mooresville

State
IN

Zip Code
46158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Foot & Ankle Center

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 08 / 2020

Transaction ID : A4C6DA347C228446E9CA

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Belis, Andrew, M., Dr.,

Mailing Address 1538 S.W. 49th Ter.

City

Cape Coral

State

FL

Zip Code

33914-6933

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

01 / 16 / 2020

Transaction ID : AA2A389C22ECE42E5854

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Blank, Bruce, Gary, Dr.,

Mailing Address Achilles Foot & Ankle Surgery, P.C
46898 National Rd. W.

City

Saint Clairsville

State

OH

Zip Code

43950-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Achillesfootandanklesurgery

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2020

Transaction ID : A94B2EBDBFE584596B2C

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00