

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

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

FOR LINE NUMBER: PAGE 18 OF 22

(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

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

A. Santi, Lawrence, A., Dr.,

Mailing Address 240 E. 5th St.

City
Brooklyn

State
NY

Zip Code
11218-2404

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 / 24 / 2020

Transaction ID : A0D7BE6A3D87942359D5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Scholz, Jill, H., Dr.,

Mailing Address Town Square Family Foot Care
501 12th Ave. #203

City
Coralville

State
IA

Zip Code
52241-1774

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Town Square Family Foot Care

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 06 / 2020

Transaction ID : ABF58F5E62B60421EA9C

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Shapiro, Andrew, , Dr.,

Mailing Address 66 W. Merrick Rd. #101

City
Valley Stream

State
NY

Zip Code
11580-5707

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 ▼

500.00

Date of Receipt

01 / 24 / 2020

Transaction ID : AD8C7A441AE7F48B7B0C

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)..... ►

1800.00