

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

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

FOR LINE NUMBER: PAGE 7 OF 23

(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. Bellacosa, Richard, A., Dr.,

Mailing Address San Antonio Podiatry Associates
14615 San Pedro #160

City
San Antonio

State
TX

Zip Code
78232-4364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Antonio Podiatry Associates, PLLC

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2019

Transaction ID : AEB6739BF279040DF978

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Blank, Bruce, Gary, Dr.,

Mailing Address Achilles Foot & Ankle Surgery, P.C
P.O. Box 39

City
Saint Clairsville

State
OH

Zip Code
43950

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2019

Transaction ID : A65D19C1736524CEDBE7

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Blume, Peter, A., Dr.,

Mailing Address Blume Pod. Group/Aff. Foot Surgeon
508 Blake St.

City
New Haven

State
CT

Zip Code
06515-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blume Pod. Group/Aff. Foot Surgeons

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2019

Transaction ID : A97BAA3B8C0214BE39BE

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).....▶

1300.00