

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 23  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 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. Goebel, Christiaan, H., Dr.,**

Mailing Address 4578 S. Highland Dr. #380

City  
Salt Lake CityState  
UTZip Code  
84117-4204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employedOccupation (for Individual)  
Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 21  | 2019    |

**Transaction ID : A2D0EA64BD62E499CBD4**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Grace, Timothy, S., Dr.,**

Mailing Address 11212 Sunrise Blvd. E #203

City  
PuyallupState  
WAZip Code  
98374-8847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
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 |
| 02  | 08  | 2019    |

**Transaction ID : AD1AD692552974B8E966**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Haas, Mark, , Dr.,**Mailing Address Albuquerque Associated Podiatrists  
8080 Academy N.E. #CCity  
AlbuquerqueState  
NMZip Code  
87111-1110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albuquerque Associated PodiatristsOccupation (for Individual)  
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 |
| 02  | 28  | 2019    |

**Transaction ID : A23981A8411634228BD9**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1550.00

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