

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

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

FOR LINE NUMBER: PAGE 14 OF 31

(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. Goodman, Gary, R., Dr.,

Mailing Address 2428 Hillcreek Cir. E.

City
ClearwaterState
FLZip Code
33759-1207FEC 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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 11 / 2019

Transaction ID : A1453446C6CBE4CD1947

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Greenberg, Barney, A., Dr., DPM

Mailing Address Podiatry Associates
2651 Hollywood Blvd.City
HollywoodState
FLZip Code
33020-4840FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Podiatry AssociatesOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 11 / 2019

Transaction ID : A53D4B549EB1D46A6BB6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Haves, Bradley, Charles, Dr.,

Mailing Address 815 N.W. 57th Ave. #130

City
MiamiState
FLZip Code
33126-2041FEC 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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 11 / 2019

Transaction ID : A1DD36FF3F41E4771B51

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1600.00