

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

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

FOR LINE NUMBER: PAGE 19 OF 42

(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. Green, Tyson, E., Dr.,

Mailing Address Imperial Health - Ctr. for Orthopa
 1747 Imperial Blvd.

City
 Lake Charles

State
 LA

Zip Code
 70605-5362

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Imperial Health - Center for Orthopaed

Occupation (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 Y Y
 02 / 06 / 2020

Transaction ID : A7C8D525E4B70401C9C0

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Haas, Mark, , Dr.,

Mailing Address Albuquerque Associated Podiatrists
 8080 Academy N.E. #C

City
 Albuquerque

State
 NM

Zip Code
 87111-1110

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Albuquerque Associated Podiatrists

Occupation (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 Y Y
 02 / 03 / 2020

Transaction ID : A0458763284844336B7B

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Haas, Zachary, M., Dr.,

Mailing Address 6101 Paper Flower Pl. N.E.

City
 Albuquerque

State
 NM

Zip Code
 87111-8233

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 04 / 2020

Transaction ID : A79686ED3A8924D9A8BF

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

750.00

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