

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 62

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Harkless, Lawrence, B., Dr.,

Mailing Address Western Univ. of Health Sciences
309 E. 2nd St.

City
Pomona

State
CA

Zip Code
91766-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Univ. of Health Sciences

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2017

Transaction ID : AE7D31F194C5E41B494E

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Harrison, Todd, A., Dr.,

Mailing Address 11110 Medical Campus Rd. #100

City

Hagerstown

State

MD

Zip Code

21742-6734

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

03 / 18 / 2017

Transaction ID : A6C6A310257D74B34948

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Harris, William, , Dr., IV

Mailing Address 1517 Chandler Place

City

Lancaster

State

SC

Zip Code

29720-2851

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
InStride

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2017

Transaction ID : AC823B8236ED3480CAD9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1050.00