

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

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

FOR LINE NUMBER: PAGE 53 OF 55

(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. Yeager, David, Alan, Dr.,**

Mailing Address KSB Medical Group/Foot & Ankle Cen  
215 E. 1st St. #310

City  
Dixon

State  
IL

Zip Code  
61021-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KSB Medical Group/Foot & Ankle Cen

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 16 / 2019

Transaction ID : A1AA89FB9F31F454DB93

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Young, Gregg, K., Dr.,**

Mailing Address 1586 E. Hollywood Ave.

City

Salt Lake City

State

UT

Zip Code

84105-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 16 / 2019

Transaction ID : AB828F3FD3DA042B1AFE

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Zdancewicz, Alissa, Berner, Dr.,**

Mailing Address 15302 Searobbin Dr.

City

Bradenton

State

FL

Zip Code

34202

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 ▼

210.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2019

Transaction ID : A4F71038C479A492DA1B

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

900.00

57523.33