

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Bronfman, Richard, A., Dr.,

Mailing Address AR Foot & Ankle Clinic
1501 Aldersgate Rd.

City
Little Rock

State
AR

Zip Code
72205-6611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AR Foot & Ankle Clinic

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2018

Transaction ID : A1204E88C0A29489CA89

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Brooks, Paul, Davis, Dr.,

Mailing Address 2201 E. Nine Mile Rd.

City
Pensacola

State
FL

Zip Code
32514-7772

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2018

Transaction ID : ADEEB605E177244DAB44

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Brook, Steven, D., Dr.,

Mailing Address Mineola Foot Care, P.C.
155 Mineola Blvd. #B

City
Mineola

State
NY

Zip Code
11501-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mineola Foot Care, P.C.

Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2018

Transaction ID : A00469E86709C4069932

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

3800.00