

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 11 OF 30

☒ 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. Kim, Michelle, M., Dr.,

Mailing Address DM Foot & Ankle Assoc.
14236 McCarthy Rd.

City
Lemont

State
IL

Zip Code
60439

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 ▼

500.00

Date of Receipt

11 / 15 / 2019

Transaction ID : A254464EFEB97498FBC1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Lockwood, Melissa, Jomarie, Dr.,

Mailing Address Heartland Foot & Ankle Assn., P.C.
10 Heartland Dr. #B

City

Bloomington

State

IL

Zip Code

61704-7775

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 ▼

916.63

Date of Receipt

11 / 16 / 2019

Transaction ID : A2D6E389C41624E4FB08

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. McCartan, Brant, L., Dr.,

Mailing Address 4664 N. Lake Dr.

City

Whitefish Bay

State

WI

Zip Code

53211-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwest Surgery Center

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 14 / 2019

Transaction ID : AAEE6335F9E384FB483A

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)..... ►

883.33