

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 1747 Imperial Blvd.

City
Lake CharlesState
LAZip Code
70605-5362FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	21	2017

Transaction ID : ACB9E21DE0934494EA39

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Guiliana, John, V., Dr.,

Mailing Address 488 Schooleys Mountain Rd. #1B

City
HackettstownState
NJZip Code
07840-4001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	26	2017

Transaction ID : A18940ACEBFC1A4141A0B

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., IVMailing Address Carolina Podiatry Group
1190 Hwy. 9 Bypass W.City
LancasterState
SCZip Code
29720-1709FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
InStrideOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	30	2017

Transaction ID : A2A5E062E6F89464895A

Amount of Each Receipt this Period

115.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

515.00

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