

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		310035.85
(b) Cash on Hand at Beginning of Reporting Period.....	386515.85	
(c) Total Receipts (from Line 19)	69975.00	206455.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	456490.85	516490.85
7. Total Disbursements (from Line 31).....	3500.00	63500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	452990.85	452990.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 03 / 01 / 2015 To: 03 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50776.00	147467.00
(ii) Unitemized	19199.00	58988.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69975.00	206455.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	69975.00	206455.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	69975.00	206455.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69975.00	206455.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	63500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3500.00	63500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	63500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	69975.00	206455.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69975.00	206455.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Dr. Catherine M. Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Medical Center Blvd. #N-507
 City Marrero State LA Zip Code 70072-3151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : A4F58B0498E554957957
 Amount of Each Receipt this Period
 500.00

B. Dr. Christina Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address Dupage Medical Group
 430 Pennsylvania Ave. #240
 City Glen Ellyn State IL Zip Code 60137-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wheaton Medical Clinic
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : A1C9FDB5ED0914E0B87A
 Amount of Each Receipt this Period
 500.00

C. Dr. Thomas V. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Main St.
 City Suffield State CT Zip Code 06078-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Care
 Occupation 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
 03 / 04 / 2015
Transaction ID : A7E5E9F609EF54C6CA6F
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Robert E. Marra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 Enfield St.
 City Enfield State CT Zip Code 06082-5524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : A946DBC1FFD684CCF977
 Amount of Each Receipt this Period **500.00**

B. Dr. Robb A. Mothershed
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Specialists of the Car 3057 Trenwest Dr.
 City Winston Salem State NC Zip Code 27103-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ft. & Ankle Specialists of the Carolin Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : AF77C28EC5C3A4BC9903
 Amount of Each Receipt this Period **300.00**

C. Dr. Kash K. Siefert
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Hillcrest Dr.
 City Roseburg State OR Zip Code 97471-9228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : A9BB66D76623E4E3A820
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

**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 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Cordell Becker Smith
Full Name (Last, First, Middle Initial)

Mailing Address 734 Valley Rd.

City Roseburg State OR Zip Code 97471-8928

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 04 / 2015
Transaction ID : A600624A6B6DF489BA50

Amount of Each Receipt this Period
250.00

B. Dr. Terry L. Spilken
Full Name (Last, First, Middle Initial)

Mailing Address 349 E. Northfield Rd. #LL6

City Livingston State NJ Zip Code 07039-4808

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 04 / 2015
Transaction ID : A2BB81C7E360F4225A85

Amount of Each Receipt this Period
300.00

C. Dr. Curtis W. Long
Full Name (Last, First, Middle Initial)

Mailing Address 120 E. Birch St. #11

City Walla Walla State WA Zip Code 99362-3054

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 06 / 2015
Transaction ID : A6D3F3E6E694C4776A85

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

**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 9 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Gordon E. Fosdick
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Cherry Hill Rd.
 City Middlefield State CT Zip Code 06455-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2015
Transaction ID : ACE13292FFDB6403F9B3
 Amount of Each Receipt this Period
 250.00

B. Dr. Donald P. Heilala
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2218
 City Kingsford State MI Zip Code 49802-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation 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
 03 / 07 / 2015
Transaction ID : A3FE8EB0BCDB84701A49
 Amount of Each Receipt this Period
 300.00

C. Dr. Bruce M. Jacob
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Foxpointe Dr.
 City West Bloomfield State MI Zip Code 48323-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation 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
 03 / 07 / 2015
Transaction ID : AF06DAFDD089543A6A5A
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**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 10 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. Dr. Devang C. Patel		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 Transaction ID : A23566C005FEA47ABA15
Mailing Address 761 Main Ave.		Amount of Each Receipt this Period 1000.00
City Norwalk	State CT	Zip Code 06851-1080
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Joel Scott Segalman		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 Transaction ID : A55FED879496D4545843
Mailing Address Chase Parkway Podiatry Group 714 Chase Pkwy.		Amount of Each Receipt this Period 300.00
City Waterbury	State CT	Zip Code 06708
FEC ID number of contributing federal political committee. C		
Name of Employer Chase Parkway Podiatry Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael H. Theodoulou		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 Transaction ID : A3D0C6E3844DE42929A2
Mailing Address 24 Puritan Dr.		Amount of Each Receipt this Period 500.00
City Bedford	State NH	Zip Code 03110-6045
FEC ID number of contributing federal political committee. C		
Name of Employer CHAPO	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

**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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Michael W. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 1951 S. Grandview Ave.
 City Dubuque State IA Zip Code 52003-7922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dubuque Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2015**
Transaction ID : A3A4027BB72EF40549BB
 Amount of Each Receipt this Period **500.00**

B. Dr. M. Diane Collier
 Full Name (Last, First, Middle Initial)
 Mailing Address S. AL Family Podiatry 204 Luds Way
 City Dothan State AL Zip Code 36303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 09 / 2015**
Transaction ID : ADA2B12A1B0844FB8B6F
 Amount of Each Receipt this Period **500.00**

C. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 09 / 2015**
Transaction ID : ABBE7EE5A36D240C1A76
 Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

**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 12 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. Mr. Matt Solak		Date of Receipt
Mailing Address 101 W. Ohio St. #780		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46204-1995
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A808174F86E914347AB4
Name of Employer	Occupation	Amount of Each Receipt this Period
Indiana Podiatric Medical Assn.	Executive Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Dharmesh Pravin Bhakta		Date of Receipt
Mailing Address 3 Hidden Lake Ct.		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mansfield	TX	76063-5466
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A045A7ACA389D453EBAB
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey R. DeSantis		Date of Receipt
Mailing Address 1038 E. Chapman Ave.		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Orange	CA	92866-2111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA063CFBDEE744F08B15
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bruce G. Fawcett		Date of Receipt 03 / 11 / 2015 Transaction ID : A9D55E55A58BE4B2D87A
Mailing Address 1302 Mayfair Rd.		Amount of Each Receipt this Period 350.00
City Raleigh	State NC	Zip Code 27608-1940
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Troy David Zimbelman		Date of Receipt 03 / 11 / 2015 Transaction ID : A7D1F038AF1864591A1F
Mailing Address 121 E. Poplar St.		Amount of Each Receipt this Period 500.00
City Prattville	State AL	Zip Code 36066-3638
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. George Michael Nassoor		Date of Receipt 03 / 12 / 2015 Transaction ID : ACBC4A045DC71441EB7B
Mailing Address 201 E. Lafayette St.		Amount of Each Receipt this Period 300.00
City Easton	State PA	Zip Code 18042-1675
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 46		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Gregory T. Amarantos
 Full Name (Last, First, Middle Initial)
 Mailing Address Weil Foot & Ankle Institute
 5215 N. California #F605
 City Chicago State IL Zip Code 60625-8564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amarantos Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2015**
Transaction ID : AEB72F53ABA5748BB8F1
 Amount of Each Receipt this Period **500.00**

B. Dr. Jane E. Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address Chapel Hill Foot & Ankle Assoc.
 1506 E. Franklin St. #104
 City Chapel Hill State NC Zip Code 27514-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chapel Hill Foot & Ankle Assoc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2015**
Transaction ID : ABBEC82A344CB479D9EB
 Amount of Each Receipt this Period **500.00**

c. Dr. Lesley S. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6832 Del Mar Ter.
 City Naples State FL Zip Code 34105-5033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2015**
Transaction ID : A96C3E22C3FAF40FC9E0
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**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 15 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Robert E. Marra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 Enfield St.
 City Enfield State CT Zip Code 06082-5524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : AFEE4CBDDF23148C7A6F
 Amount of Each Receipt this Period
 150.00

B. Dr. Jeffrey Rewitzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1150 E. Sherman Blvd. #2500
 City Muskegon State MI Zip Code 49444-1895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : A6F42557D96134A5B9C1
 Amount of Each Receipt this Period
 800.00

c. Dr. Robert M. Sage
 Full Name (Last, First, Middle Initial)
 Mailing Address 2288 Cobblestone Ln.
 City Beloit State WI Zip Code 53511-6716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beloit Clinic
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : A25D3AF4C972D49AA8CB
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

**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 16 OF 46		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Robert J. Sheffey
 Full Name (Last, First, Middle Initial)
 Mailing Address Chicago Foot & Ankle Specialists,
 3153 W. 111th St.
 City Chicago State IL Zip Code 60655-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chicago Foot&Ankle Specialists, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 13 / 2015**
Transaction ID : ABDBB32CA92194E52A12
 Amount of Each Receipt this Period **150.00**

B. Dr. James R. Christina
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Glendorian Court
 City Cockeysville State MD Zip Code 21030-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APMA Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : A5B794B242A824A2588B
 Amount of Each Receipt this Period **300.00**

C. Dr. Alan K. Mauser
 Full Name (Last, First, Middle Initial)
 Mailing Address Louisville Podiatry PSC
 2525 Bardstown Rd.
 City Louisville State KY Zip Code 40205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : A9F0B0AE05B3E4A3DAD5
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

**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 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Richard S. Eisner
Full Name (Last, First, Middle Initial)

Mailing Address 55 Highland Ave. #103

City Salem State MA Zip Code 01970-2100

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2015
Transaction ID : AE0CAC4DF3DCA481FAEI

Amount of Each Receipt this Period 500.00

B. Dr. Joanne M. Gormley
Full Name (Last, First, Middle Initial)

Mailing Address 3247 N.E. 104th St.

City Seattle State WA Zip Code 98125-7824

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Foot & Ankle Clinic of Seattle Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2015
Transaction ID : A5596C72584CD43119E6

Amount of Each Receipt this Period 100.00

c. Dr. Douglas A. O'Heir
Full Name (Last, First, Middle Initial)

Mailing Address 143 Silver St.

City Waterville State ME Zip Code 04901-5833

FEC ID number of contributing federal political committee. **C**

Name of Employer MaineGeneral Medical Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2015
Transaction ID : AC7D184C1FB3742B2A24

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

**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 18 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Karla L. Stipati		Date of Receipt 03 / 17 / 2015 Transaction ID : AC3B7B52F9DE74CD6AC7
Mailing Address 6N446 Brierwood Dr.		Amount of Each Receipt this Period 300.00
City Saint Charles	State IL	Zip Code 60175-8322
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Phillip E. Ward		Date of Receipt 03 / 17 / 2015 Transaction ID : A212F1B13B06A47D095A
Mailing Address 331 Bridgegate Dr.		Amount of Each Receipt this Period 1000.00
City Cary	State NC	Zip Code 27519-7191
FEC ID number of contributing federal political committee. C	Name of Employer Carolina Health Care	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Odin de los Reyes		Date of Receipt 03 / 18 / 2015 Transaction ID : AF3AC3957FC094A58A3B
Mailing Address 351 Crest Rd.		Amount of Each Receipt this Period 500.00
City Southington	State CT	Zip Code 06489-2868
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

**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 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Kent L. Magrini
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot Health Center
 5004 S. U St. #101B
 City Fort Smith State AR Zip Code 72903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Health Center Occupation 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
 03 / 19 / 2015
Transaction ID : A102C663E50F241A39DA
 Amount of Each Receipt this Period
 1000.00

B. Mr. Peter J. Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1164 Silver Beech Rd
 City Herndon State VA Zip Code 20170-2328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association Occupation Director of Legislative Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : AB7C1C959BF3D46F68D3
 Amount of Each Receipt this Period
 500.00

C. Dr. Robert Paul Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 5575 Warren Pkwy. #101
 City Frisco State TX Zip Code 75034-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation 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
 03 / 19 / 2015
Transaction ID : A5A81A72AD44445D99D2
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

**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 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Mr. Benjamin J. Wallner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7512 Snowpea Ct
 Unit H
 City Alexandria State VA Zip Code 22306-2256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : A7C8B611CF70F43138AF
 Amount of Each Receipt this Period
500.00

B. Dr. Karen L. Wrubel
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Albero Ct.
 City Rancho Palos Verdes State CA Zip Code 90275-5383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation 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
 03 / 19 / 2015
Transaction ID : A9221DF60291445858A0
 Amount of Each Receipt this Period
300.00

C. Ms. Candace Daly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1296 W. 475 S.
 City Farmington State UT Zip Code 84025-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Podiatric Medical Association Occupation Executive Director
 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
 03 / 20 / 2015
Transaction ID : AB28281E184FF46AC964
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **1100.00**
TOTAL This Period (last page this line number only).....

**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 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Paul Davis Brooks
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A8EEFD037A71C40328D3

Amount of Each Receipt this Period 300.00

B. Dr. Charles M. Cavicchio
Full Name (Last, First, Middle Initial)

Mailing Address 25 Greenwood Ln.

City Lincoln State RI Zip Code 02865-4726

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A55AAB2F874EE486AA30

Amount of Each Receipt this Period 300.00

C. Dr. Jerauld D. Ferritto Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3774 Broadway

City Grove City State OH Zip Code 43123-2235

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A258FF9D7C5834FBBAD1

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

**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 23 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Lawrence B. Harkless
Full Name (Last, First, Middle Initial)

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 Western Univ. of Health Sciences Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A15A4ED18B1B84D0A92E

Amount of Each Receipt this Period 500.00

B. Dr. Michael T. Joyce
Full Name (Last, First, Middle Initial)

Mailing Address Roseville Podiatry Clinic
2680 Snelling Ave. N. #260

City Roseville State MN Zip Code 55113-1883

FEC ID number of contributing federal political committee. **C**

Name of Employer Roseville Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A1B30C363E5AD49CB8E6

Amount of Each Receipt this Period 250.00

C. Dr. Paul Kinberg
Full Name (Last, First, Middle Initial)

Mailing Address 6023 Gentle Knoll Ln.

City Dallas State TX Zip Code 75248-2122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A51AAE8121E584FF3A9C

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

**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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. Dr. Chester A. Nava Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2015
Mailing Address 1130 Gilliland Rd.		Transaction ID : A893FB0717E064D82936
City Louisville	State KY	Zip Code 40245-4034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Kari E. Prescott		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2015
Mailing Address 825 Nicollet Mall #441		Transaction ID : A0B1F72643611475593C
City Minneapolis	State MN	Zip Code 55402-2611
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph A. Sciandra		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2015
Mailing Address P.O. Box 1126		Transaction ID : A2471E3D893CD4B20B95
City Amherst	State NY	Zip Code 14226-7126
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

**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 29 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Howard B. Goldsmith
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 W. 72nd St. #2D
 City New York State NY Zip Code 10023-3476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : A4541D73A98CC4451994
 Amount of Each Receipt this Period
 250.00

B. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maidstone Dr.
 City Lake Charles State LA Zip Code 70605-4033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : A4F2323E1606A428D953
 Amount of Each Receipt this Period
 300.00

C. Dr. Todd A. Harrison
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : A9DCFEA0755B84721A38
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... **850.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Dr. Donald G. Hovancsek
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Sandy Point Rd. N.E.
 City Olympia State WA Zip Code 98516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : A013B6B3906414D79B3E
 Amount of Each Receipt this Period
300.00

B. Dr. Kert W. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address Pocatello Podiatry Associates
 1555 E. Clark St.
 City Pocatello State ID Zip Code 83201-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocatello Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : AEED81017B27F435A9A4
 Amount of Each Receipt this Period
300.00

C. Dr. Jondelle B. Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address J.B. Jenkins & Associates
 1706 E. 87th St.
 City Chicago State IL Zip Code 60617-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : A5F719E50B1A04D098FC
 Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....	1225.00
TOTAL This Period (last page this line number only).....	

**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 31 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Kile W. Kinney
Full Name (Last, First, Middle Initial)

Mailing Address The Foot & Ankle Group
1515 Laney Walker Blvd.

City Augusta State GA Zip Code 30904-5827

FEC ID number of contributing federal political committee. **C**

Name of Employer The Foot & Ankle Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2015
Transaction ID : A2A9CF20D67A4489F9BB

Amount of Each Receipt this Period 300.00

B. Dr. Eric M. Kosofsky
Full Name (Last, First, Middle Initial)

Mailing Address Hartford Podiatry Group
597 Farmington Ave.

City Hartford State CT Zip Code 06105-3030

FEC ID number of contributing federal political committee. **C**

Name of Employer Hartford Podiatry Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2015
Transaction ID : AC67A79F96EF0499C92F

Amount of Each Receipt this Period 300.00

C. Dr. Marc A. Lederman
Full Name (Last, First, Middle Initial)

Mailing Address 6 Livingston Rd.

City Canton State CT Zip Code 06019-3050

FEC ID number of contributing federal political committee. **C**

Name of Employer W. Hartford Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2015
Transaction ID : A8B1055216DDC409AB73

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. Dr. Marc D. Lenet		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2015
Mailing Address 5508 Belair Rd.		Transaction ID : A38D38586CA9F4A1199C
City Baltimore	State MD	Zip Code 21206-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles M. Lombardi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2015
Mailing Address 32-07 Francis Lewis Blvd.		Transaction ID : AA8714367B65C4B17889
City Flushing	State NY	Zip Code 11358-1922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth F. Malkin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2015
Mailing Address 250 Congress Park Dr. #102		Transaction ID : AA7D53CC4E1B348269E2
City Delray Beach	State FL	Zip Code 33445-4631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**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 33 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Jose Antonio Mattei-Diaz

Full Name (Last, First, Middle Initial)
Mailing Address 301 Calle M. Perez Aviles #1

City Arecibo	State PR	Zip Code 00612-4475
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation 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
03	/	22	/	2015

Transaction ID : AF0EE3B26F91C4EEAB8F

Amount of Each Receipt this Period
300.00

B. Dr. Stephen D. Palmer

Full Name (Last, First, Middle Initial)
Mailing Address Commerce Towers
215 E. 1st St. #310

City Dixon	State IL	Zip Code 61021-3190
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FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Foot & Ankle Assoc.	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2015

Transaction ID : AB6B189C5277F4D0AAE4

Amount of Each Receipt this Period
500.00

C. Dr. Grace D. Pascual

Full Name (Last, First, Middle Initial)
Mailing Address 1329 Lusitana St. #801
Queen's Physician Office Bldg. II

City Honolulu	State HI	Zip Code 96813-2434
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation 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
03	/	22	/	2015

Transaction ID : A28856B2407A54C828EE

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	▶	1100.00
TOTAL This Period (last page this line number only).....	▶	

**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 34 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Mark E. Pinker
 Full Name (Last, First, Middle Initial)
 Mailing Address Pinker & Associates
 47 Brookwood Ave.
 City Carlisle State PA Zip Code 17015-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinker & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 03 / 22 / 2015
Transaction ID : A426EFE02E5DD49368D5
 Amount of Each Receipt this Period
300.00

B. Dr. Vito J. Rizzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Brentwood Rd.
 City Bay Shore State NY Zip Code 11706-8011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 03 / 22 / 2015
Transaction ID : AE427F1F8D29348F7A5A
 Amount of Each Receipt this Period
350.00

C. Dr. Christian A. Robertozzi
 Full Name (Last, First, Middle Initial)
 Mailing Address The Norman Silbert Medical Arts Bldg
 222 High St. #201
 City Newton State NJ Zip Code 07860-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 03 / 22 / 2015
Transaction ID : A65B03F5E434543FDB76
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1150.00**
TOTAL This Period (last page this line number only).....

**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 35 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Robert A. Russo
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Buffalo Rd. Bldg. 900 #C

City Rochester	State NY	Zip Code 14624-1360
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation 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
03	/	22	/	2015

Transaction ID : A10C10715C7BE436E850

Amount of Each Receipt this Period

300.00

B. Dr. Joseph Christopher Smith
Full Name (Last, First, Middle Initial)

Mailing Address 654 Philadelphia Ave.

City Shillington	State PA	Zip Code 19607-2769
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2015

Transaction ID : A8199290978AA44819AE

Amount of Each Receipt this Period

500.00

C. Dr. Lloyd S. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 65 Hartman Rd.

City Newton Center	State MA	Zip Code 02459-3035
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2015

Transaction ID : A8669AED2EC1E407A837

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**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 36 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Richard A. Stanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5905 S. Emerson Ave. #300
 City Indianapolis State IN Zip Code 46237-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 22 / 2015**
Transaction ID : AF399624EB71D4067949
 Amount of Each Receipt this Period **500.00**

B. Dr. Gary F. Stones
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Hayes St.
 City Garden City State NY Zip Code 11530-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 22 / 2015**
Transaction ID : AB5CED0BA193C4676974
 Amount of Each Receipt this Period **750.00**

C. Dr. Nicholas J. Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot Center
 526 N. Mullan Rd. #B
 City Spokane State WA Zip Code 99206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 22 / 2015**
Transaction ID : A0ED4712F2E1743A187F
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

**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 37 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Rosanna Troia
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 W. 72nd St. #1A
 City New York State NY Zip Code 10023-3476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot and Ankle Medical Care, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 22 / 2015
Transaction ID : A9721BD4A9908446797C
 Amount of Each Receipt this Period 250.00

B. Dr. Susan M. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 981 Canton Ave.
 City Milton State MA Zip Code 02186-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Care Specialists of Boston Med. C Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 22 / 2015
Transaction ID : AFC21EFE03C88418F8B7
 Amount of Each Receipt this Period 250.00

C. Dr. Barry E. Wesselowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 N. 6th St., P.O. Box 372
 City Independence State KS Zip Code 67301-0372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 22 / 2015
Transaction ID : A5F569E3531684E0796E
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

**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 38 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Alan J. Block
Full Name (Last, First, Middle Initial)

Mailing Address 1833 Lake Shore Dr.

City Columbus State OH Zip Code 43204-4964

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 23 / 2015
Transaction ID : A17B3315E1EEE4901B3C

Amount of Each Receipt this Period
300.00

B. Dr. Lisa Cornelius
Full Name (Last, First, Middle Initial)

Mailing Address 3640 N.W. Samaritan Dr. #160

City Corvallis State OR Zip Code 97330-3738

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 23 / 2015
Transaction ID : AC3C4E96748AB4250B18

Amount of Each Receipt this Period
1000.00

C. Dr. Wesley L. Daniel
Full Name (Last, First, Middle Initial)

Mailing Address Gainesville Podiatry Clinic
1975 Beverly Rd. #B

City Gainesville State GA Zip Code 30501-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Gainesville Podiatry Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 23 / 2015
Transaction ID : A2EFC7A0A21B04C0DB5F

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**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 39 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 (Last, First, Middle Initial) A. Dr. Richard Alexander Dellinger		Date of Receipt 03 / 23 / 2015 Transaction ID : AAEF4157938DD4B16892
Mailing Address 3 Athena Ct.		Amount of Each Receipt this Period 1000.00
City Little Rock	State AR	Zip Code 72227-5905
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Timothy S. Grace		Date of Receipt 03 / 23 / 2015 Transaction ID : AB693C86AD4CA46ECB28
Mailing Address 11212 Sunrise Blvd. E #203		Amount of Each Receipt this Period 1000.00
City Puyallup	State WA	Zip Code 98374-8847
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. S. F. Charley Hartley		Date of Receipt 03 / 23 / 2015 Transaction ID : AA9FA05EE098640C8B0C
Mailing Address 112 W. Pasadena Blvd.		Amount of Each Receipt this Period 300.00
City Deer Park	State TX	Zip Code 77536-4870
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

**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 40 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Edwin S. Hart III
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Easton Ave.

City Bethlehem	State PA	Zip Code 18017-5009
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : A42FB892FDF464299874

Amount of Each Receipt this Period
250.00

B. Dr. Daniel B. Keating
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Main St. #214

City Buffalo	State NY	Zip Code 14214-2693
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation 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
03	/	23	/	2015

Transaction ID : A52407B539B6644AAB85

Amount of Each Receipt this Period
100.00

C. Dr. David John Kiessling
Full Name (Last, First, Middle Initial)

Mailing Address 4200 N. Rodney Parham Rd. #100

City Little Rock	State AR	Zip Code 72212-2458
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : AEF56C12032CE4FC1A35

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 46
(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

A. Dr. Stephen John Merena
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Vista Ct.
 City Jericho State VT Zip Code 05465-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Champlain Valley Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : ABAD35D98DA454AE6823
 Amount of Each Receipt this Period
 300.00

B. Dr. Joseph D. Pasquino
 Full Name (Last, First, Middle Initial)
 Mailing Address 14806 Rt. 30
 City North Huntingdon State PA Zip Code 15642-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : AB22407AFFA8543BA8D4
 Amount of Each Receipt this Period
 301.00

C. Dr. William J. Schlorff
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E. Central Ave.
 City Jersey Shore State PA Zip Code 17740-6979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : A4320FC017ED34CC08F9
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 851.00
TOTAL This Period (last page this line number only)..... ▶

**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 42 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dr. Loring J. Stead
 Full Name (Last, First, Middle Initial)
 Mailing Address Olmsted Medical Center
 210 9th St. S.E.
 City Rochester State MN Zip Code 55904-6756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 23 / 2015**
Transaction ID : AE30E772CF59E43E6AC0
 Amount of Each Receipt this Period **300.00**

B. Dr. Lindsay D. Barth
 Full Name (Last, First, Middle Initial)
 Mailing Address Next Step Foot & Ankle Centers
 2315 Dougherty Ferry Rd. #110
 City Saint Louis State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tesson Ferry Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 24 / 2015**
Transaction ID : ABB01EA6B41B84924BC0
 Amount of Each Receipt this Period **500.00**

C. Dr. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 24 / 2015**
Transaction ID : AAF9962E8CEDA423F83C
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

**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 44 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Lesley S. Appel
Full Name (Last, First, Middle Initial)

Mailing Address 6832 Del Mar Ter.

City Naples State FL Zip Code 34105-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A41A452CD1F4745039C4

Amount of Each Receipt this Period
500.00

B. Dr. James H. Dolan
Full Name (Last, First, Middle Initial)

Mailing Address Core Physicians
21 Hampton Rd. Bldg. 1

City Exeter State NH Zip Code 03833-4831

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A4B1EBF668A6844D9875

Amount of Each Receipt this Period
300.00

c. Dr. Christopher S. Grandfield
Full Name (Last, First, Middle Initial)

Mailing Address 921E 650N

City LaPorte State IN Zip Code 46350-8976

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A40E49ACEB5A24932ADF

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

**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 45 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. James R. Hirt
Full Name (Last, First, Middle Initial)

Mailing Address Fenton Foot Care
14229 Torrey Rd. #1

City Fenton State MI Zip Code 48430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A22A4CE5C373045C99BC

Amount of Each Receipt this Period
150.00

B. Dr. Benjamin K. Marble
Full Name (Last, First, Middle Initial)

Mailing Address 1619 N. Greenwood St. #300

City Pueblo State CO Zip Code 81003-2657

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2015
Transaction ID : AF7CABE450F4C442281E

Amount of Each Receipt this Period
500.00

C. Dr. Darlo G. Vander Wilt
Full Name (Last, First, Middle Initial)

Mailing Address 7 Applewood Ln.

City Albuquerque State NM Zip Code 87107-6403

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Foot Health Specialists
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A14FDBDB618714853BB2

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	50776.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress, Inc.

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement

Candidate Name

Rep. Bill J. Pascrell Jr.

Office Sought: House Senate President

State: NJ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2015

Transaction ID : B49C9DFD519834BFA940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. West Temple, Ste 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Other2015

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Transaction ID : B6808302D4D1E40F5A2D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3500.00

3500.00