



**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"/>		311185.85
(b) Cash on Hand at Beginning of Reporting Period.....	387665.85	
(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).....	457640.85	517640.85
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)).....	454140.85	454140.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

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)

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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)

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<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Filing amended report due to data entry error for donation received from Dr. Dharmesh Bhakta. Originally reported as only a \$200 donation, but it was actually a \$500 donation. This amended report reflects the corrected amount.

Form/Schedule:

Transaction ID:

**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 47
	<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	

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 Occupation  
 Self Employed 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 Occupation  
 Wheaton Medical Clinic 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 Occupation  
 Podiatry Care 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 47
	<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 10 OF 47
	<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. 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 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 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 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 11 OF 47
	<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. Devang C. Patel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 761 Main Ave.  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2015**  
**Transaction ID : A23566C005FEA47ABA15**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Joel Scott Segalman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Chase Parkway Podiatry Group  
 714 Chase Pkwy.  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 07 / 2015**  
**Transaction ID : A55FED879496D4545843**  
 Amount of Each Receipt this Period **300.00**

**C. Dr. Michael H. Theodoulou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Puritan Dr.  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2015**  
**Transaction ID : A3D0C6E3844DE42929A2**  
 Amount of Each Receipt this Period **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 12 OF 47
	<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**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</b>
<b>TOTAL</b> 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 13 OF 47
	<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. Matt Solak**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Ohio St. #780

City Indianapolis State IN Zip Code 46204-1995

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

Name of Employer Indiana Podiatric Medical Assn. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2015  
**Transaction ID : A808174F86E914347AB4**

Amount of Each Receipt this Period 500.00

**B. Dr. Dharmesh Pravin Bhakta**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Hidden Lake Ct.

City Mansfield State TX Zip Code 76063-5466

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 / 11 / 2015  
**Transaction ID : A045A7ACA389D453EBAB**

Amount of Each Receipt this Period 500.00

**C. Dr. Jeffrey R. DeSantis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1038 E. Chapman Ave.

City Orange State CA Zip Code 92866-2111

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 / 11 / 2015  
**Transaction ID : AA063CFBDEE744F08B15**

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 14 OF 47
	<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. Bruce G. Fawcett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1302 Mayfair Rd.  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : A9D55E55A58BE4B2D87A**  
 Amount of Each Receipt this Period  
 350.00

**B. Dr. Troy David Zimbelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 E. Poplar St.  
 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:  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 / 11 / 2015  
**Transaction ID : A7D1F038AF1864591A1F**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. George Michael Nassoor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Memorial Pkwy.  
 City Phillipsburg State NJ Zip Code 08865-1573  
 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 / 12 / 2015  
**Transaction ID : ACBC4A045DC71441EB7B**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 47
	<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"/>	<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) <b>A. Dr. Gregory T. Amarantos</b>		Date of Receipt
Mailing Address Weil Foot & Ankle Institute 5215 N. California #F605		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60625-8564
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AEB72F53ABA5748BB8F1</b>
Name of Employer Amarantos Foot Center		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jane E. Andersen</b>		Date of Receipt
Mailing Address Chapel Hill Foot & Ankle Assoc. 1506 E. Franklin St. #104		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Chapel Hill	State NC	Zip Code 27514-2825
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : ABBEC82A344CB479D9EB</b>
Name of Employer Chapel Hill Foot & Ankle Assoc.		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>c. Dr. Lesley S. Appel</b>		Date of Receipt
Mailing Address 6832 Del Mar Terrace		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Naples	State FL	Zip Code 34105-5033
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A96C3E22C3FAF40FC9E0</b>
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> 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 16 OF 47
	<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. 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> 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 47
	<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 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 18 OF 47
	<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 19 OF 47
	<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. Karla L. Stipati**  
Full Name (Last, First, Middle Initial)

Mailing Address 6N446 Brierwood Dr.

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : AC3B7B52F9DE74CD6AC7**

Amount of Each Receipt this Period 300.00

**B. Dr. Phillip E. Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address Central Carolina Foot & Ankle Asso  
4119 Capital St.

City Durham State NC Zip Code 27704-2153

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

Name of Employer Carolina Health Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : A212F1B13B06A47D095A**

Amount of Each Receipt this Period 1000.00

**c. Dr. Odin de los Reyes**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Crest Rd.

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : AF3AC3957FC094A58A3B**

Amount of Each Receipt this Period 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 21 OF 47
	<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"/> 18

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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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> 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 47
	<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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> 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 47
	<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**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</b>
<b>TOTAL</b> 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 24 OF 47
	<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. 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**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</b>
<b>TOTAL</b> 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 27 OF 47
	<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 Z. Sheremeta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Capital Foot Specialists  
 3761 Carman Rd.  
 City Schenectady State NY Zip Code 12303-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Foot Specialists 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 / 21 / 2015  
**Transaction ID : AABAEB3231C1C4272852**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Alyssa Kay Stephenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1093 Spring Lake Dr.  
 City Fond Du Lac State WI Zip Code 54935-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Clinics of WI 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 / 21 / 2015  
**Transaction ID : ABCA16A43718345B0BFB**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Kathleen M. Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18807 N. 42nd Ave.  
 City Glendale State AZ Zip Code 85308-7527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thunderbird Footcare 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 / 21 / 2015  
**Transaction ID : AEC829056609A428F94A**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 28 OF 47
	<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. Stephen C. Wan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W. Torrance Podiatrists Group  
 3400 Lomita Blvd. #403  
 City Torrance State CA Zip Code 90505  
 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 / 21 / 2015  
**Transaction ID : A91EFFC80D56549B2971**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Richard A. Altwerger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Village Medical Arts Complex  
 77 Miller Rd. #202  
 City Castleton On Hudson State NY Zip Code 12033-4040  
 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 : ACF376E1A55D94F12999**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Michael Borden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 8th Ave. #1902  
 City New York State NY Zip Code 10018-4349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York State Podiatric Medical Assn.  
 Occupation Interim Executive Director  
 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 : AED82866F22114DD88CC**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 30 OF 47
	<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: (check only one)	PAGE 31 OF 47
	<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**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1225.00</b>
<b>TOTAL</b> 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 32 OF 47
	<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: (check only one)	PAGE 33 OF 47
	<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. Marc D. Lenet**  
Full Name (Last, First, Middle Initial)

Mailing Address 5508 Belair Rd.

City	State	Zip Code
Baltimore	MD	21206-3613

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

Name of Employer	Occupation
Self-Employed	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 : A38D38586CA9F4A1199C**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 32-07 Francis Lewis Blvd.

City	State	Zip Code
Flushing	NY	11358-1922

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

Name of Employer	Occupation
Self-Employed	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 : AA8714367B65C4B17889**

Amount of Each Receipt this Period  
500.00

**C. Dr. Kenneth F. Malkin**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Congress Park Dr. #102

City	State	Zip Code
Delray Beach	FL	33445-4631

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

Name of Employer	Occupation
Self-Employed	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 : AA7D53CC4E1B348269E2**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 47
	<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  
 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 / 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 Foot & Ankle Spec. of the Mid-Atla 129 Lubrano Dr. #303  
 City Annapolis State MD Zip Code 21401-7568  
 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 **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  
 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 / 22 / 2015**  
**Transaction ID : A28856B2407A54C828EE**  
 Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> 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 47
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark E. Pinker</b>		Date of Receipt 03 / 22 / 2015 <b>Transaction ID : A426EFE02E5DD49368D5</b>
Mailing Address Pinker & Associates 47 Brookwood Ave.		Amount of Each Receipt this Period 300.00
City Carlisle	State PA Zip Code 17015-9126	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Pinker & Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Vito J. Rizzo</b>		Date of Receipt 03 / 22 / 2015 <b>Transaction ID : AE427F1F8D29348F7A5A</b>
Mailing Address 24 Brentwood Rd.		Amount of Each Receipt this Period 350.00
City Bay Shore	State NY Zip Code 11706-8011	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Christian A. Robertozzi</b>		Date of Receipt 03 / 22 / 2015 <b>Transaction ID : A65B03F5E434543FDB76</b>
Mailing Address The Norman Silbert Medical Arts Bldg 222 High St. #201		Amount of Each Receipt this Period 500.00
City Newton	State NJ Zip Code 07860-9604	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 47
	<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

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 / 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 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 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 37 OF 47
	<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. 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**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1550.00</b>
<b>TOTAL</b> 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 47
	<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. 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 39 OF 47
	<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) <b>A. Dr. Alan J. Block</b>		Date of Receipt
Mailing Address 1833 Lake Shore Dr.		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City	State	Zip Code
Columbus	OH	43204-4964
FEC ID number of contributing federal political committee.		Transaction ID : <b>A17B3315E1EEE4901B3C</b>
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Lisa Cornelius</b>		Date of Receipt
Mailing Address 3640 N.W. Samaritan Dr. #160		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City	State	Zip Code
Corvallis	OR	97330-3738
FEC ID number of contributing federal political committee.		Transaction ID : <b>AC3C4E96748AB4250B18</b>
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Wesley L. Daniel</b>		Date of Receipt
Mailing Address Gainesville Podiatry Clinic 1975 Beverly Rd. #B		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
City	State	Zip Code
Gainesville	GA	30501-2034
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2EFC7A0A21B04C0DB5F</b>
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Gainesville Podiatry Clinic	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> 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 47
	<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. Richard Alexander Dellinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Athena Ct.  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : AAEF4157938DD4B16892**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Timothy S. Grace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11212 Sunrise Blvd. E #203  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : AB693C86AD4CA46ECB28**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. S. F. Charley Hartley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 W. Pasadena Blvd.  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : AA9FA05EE098640C8B0C**  
 Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2300.00</b>
<b>TOTAL</b> 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 41 OF 47
	<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. Edwin S. Hart III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 Easton Ave.  
 City Bethlehem State PA Zip Code 18017-5009  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 47
	<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. 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 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 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 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 43 OF 47
	<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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : AAF9962E8CEDA423F83C**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 47
	<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. Lesley S. Appel**

Mailing Address **6832 Del Mar Terrace**

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  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A41A452CD1F4745039C4**

Amount of Each Receipt this Period  
**500.00**

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

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  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A4B1EBF668A6844D9875**

Amount of Each Receipt this Period  
**300.00**

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

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  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A40E49ACEB5A24932ADF**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1800.00</b>
<b>TOTAL</b> 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 46 OF 47
	<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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
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

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

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