



**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="2016"/>	<input type="text" value="426633.57"/>	<input type="text" value="426633.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="408097.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="89682.83"/>	<input type="text" value="146147.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="497780.73"/>	<input type="text" value="572780.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19000.00"/>	<input type="text" value="94000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="478780.73"/>	<input type="text" value="478780.73"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	54725.00	97940.00
(ii) Unitemized .....	34957.83	48207.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	89682.83	146147.16
(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) .....	89682.83	146147.16
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))..... ▶	89682.83	146147.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	89682.83	146147.16

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	19000.00	94000.00
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)) ..	19000.00	94000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	94000.00

**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) .....	89682.83	146147.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89682.83	146147.16
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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Stephen L. Alchermes**

Full Name (Last, First, Middle Initial)  
Mailing Address 105 Windermere Village Way

City Blythewood	State SC	Zip Code 29016-8281
--------------------	-------------	------------------------

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  
 02 / 03 / 2016  
**Transaction ID : AEC6341FF2C7F4570B2A**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. Dr. Jane Elizabeth 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2016  
**Transaction ID : A441727A1DD08448C9E0**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Dr. John Joseph Anderson**

Full Name (Last, First, Middle Initial)  
Mailing Address Alamogordo Orthopaedics  
2301 Indian Wells Rd. #A

City Alamogordo	State NM	Zip Code 88310-4611
--------------------	-------------	------------------------

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

Name of Employer Alamogordo Orthopaedics	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  
 02 / 20 / 2016  
**Transaction ID : AAACADD75DF33421CAC7**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<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 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. Richard A. Bellacosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address San Antonio Podiatry Associates  
 14615 San Pedro #160  
 City San Antonio State TX Zip Code 78232-4364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Antonio Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : A40AC0414B869498E8AC**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Daniel J. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 5036  
 City Augusta State ME Zip Code 04332-5036  
 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 02 / 04 / 2016  
**Transaction ID : A870722B3D51B4009A08**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Marc R. Bernbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Waterbury Podiatry Consultants  
 171 Grandview Ave. #104  
 City Waterbury State CT Zip Code 06708-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Waterbury Podiatry Consultants Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A6E12E5070BE5407FBFA**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 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
-----------------------------	-----------------------------	-----------------------------

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. 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 300.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : A83E7294C2BBC43FE817**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Barry H. Block**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address American Podiatric Medical Writers P.O. Box 750129  
 City Forest Hills State NY Zip Code 11375-0129  
 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 02 / 12 / 2016  
**Transaction ID : AB4405A982E7548EE990**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. John L. Bostanche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6123 Green Bay Rd. #100  
 City Kenosha State WI Zip Code 53142-2939  
 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 02 / 26 / 2016  
**Transaction ID : A4C7FC7AC9B704A27B8D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<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 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	

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. John L. Bostanche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6123 Green Bay Rd. #100  
 City Kenosha State WI Zip Code 53142-2939  
 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 02 / 26 / 2016  
**Transaction ID : AC170414DC45146CCB99**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Diane D. Branks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 La Torre Dr.  
 City Phillips Ranch State CA Zip Code 91766-4876  
 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 02 / 20 / 2016  
**Transaction ID : ACA168634264B4F80B94**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Daniel F. Byrd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Blue Mountain Foot Specialists  
 714 S.W. Dorion Ave.  
 City Pendleton State OR Zip Code 97801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Mountain Foot Specialists  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : ACA5A50C469354BCE99A**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**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 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	

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. Leslie Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address Presbyterian Hospital of Allen  
1105 Central Expy. N. #2240

City Allen State TX Zip Code 75013-6114

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 ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : AACEEEC34DD3444D7885**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Dr. Frank S. Campo**  
Full Name (Last, First, Middle Initial)

Mailing Address N. End Foot Center  
260 North St.

City Boston State MA Zip Code 02113

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

Name of Employer N. End Foot Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : AC861AB76CB604A2ABFA**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Mr. Don M. Canada**  
Full Name (Last, First, Middle Initial)

Mailing Address 918 Congress Ave. #200

City Austin State TX Zip Code 78701-2342

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

Name of Employer Texas Podiatric Medical Assn. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : A942721050BF040FE9D1**

Amount of Each Receipt this Period 500.00

Memo Item

<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 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

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

Mailing Address 2 Wake Robin Rd. #203

City Lincoln State RI Zip Code 02865-4241

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 02 / 28 / 2016  
**Transaction ID : A3CFDDE9D86E647078C4**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. James S. Chrzan**  
Full Name (Last, First, Middle Initial)

Mailing Address Boston Podiatry Service  
28 Pacific St., P.O. Box 342

City Rockland State MA Zip Code 02370

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 02 / 29 / 2016  
**Transaction ID : A195DDB52BFD84DF5812**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Dr. Richard Chwastiak**  
Full Name (Last, First, Middle Initial)

Mailing Address 617 E. Broad St.

City Tamaqua State PA Zip Code 18252-2206

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 02 / 04 / 2016  
**Transaction ID : A6C265178AE8B4D9EA73**

Amount of Each Receipt this Period 250.00

Memo Item

**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 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	

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. Lacey D. Clawson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1150 N. 18th St. #300

City Abilene State TX Zip Code 79601-2931

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

Name of Employer Occupation  
Information Requested Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 18 / 2016  
**Transaction ID : A6CAB45AAF7A349A4851**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Ruth Ann Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Aicholtz Rd. #200

City Cincinnati State OH Zip Code 45245-1506

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 ▼  
1000.00

Date of Receipt  
02 / 12 / 2016  
**Transaction ID : AAF9E4CD93CE54C11873**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Dr. Michael Joseph Cornelison**  
Full Name (Last, First, Middle Initial)

Mailing Address Cupertino Podiatry  
10353 Torre Ave. #C

City Cupertino State CA Zip Code 95014-3217

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

Name of Employer Occupation  
Cupertino Podiatry Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 16 / 2016  
**Transaction ID : A9712CA680F224A43BB5**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 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	

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. 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 02 / 22 / 2016  
**Transaction ID : A1BF78DFC4BCD42FAA34**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Dr. Brian W. Cornell**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Memorial Blvd.

City Newport State RI Zip Code 02840-4098

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 02 / 22 / 2016  
**Transaction ID : A24EB2D2DD5224BD2992**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Dr. William H. Dabdoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 108A Smart Pl.

City Slidell State LA Zip Code 70458-2040

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 02 / 01 / 2016  
**Transaction ID : A060512DD81B14453856**

Amount of Each Receipt this Period 150.00

Memo Item

<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 14 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. William H. Dabdoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 108A Smart Pl.

City Slidell State LA Zip Code 70458-2040

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: **02 / 11 / 2016**

**Transaction ID : AEEDEC4C4575842CE9CC**

Amount of Each Receipt this Period: **500.00**

Memo Item

**B. 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 ▼ **325.00**

Date of Receipt: **02 / 04 / 2016**

**Transaction ID : AC49C6EBABC484B7EB57**

Amount of Each Receipt this Period: **325.00**

Memo Item

**C. Dr. Michael G. David**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 Kalamazoo Ave. S.E.

City Kentwood State MI Zip Code 49508-4625

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: **02 / 23 / 2016**

**Transaction ID : AE15D185FEC264C5AB16**

Amount of Each Receipt this Period: **800.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1625.00</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 15 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. R. Daniel Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 Clement Ln.  
 City Orange State CT Zip Code 06477-2803  
 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: **02 / 20 / 2016**  
**Transaction ID : A2B5160744F7040DB920**  
 Amount of Each Receipt this Period: **850.00**  
 Memo Item

**B. Dr. Patrick A. DeHeer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hoosier Foot & Ankle  
 1159 W. Jefferson St. #204  
 City Franklin State IN Zip Code 46131-2108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Hoosier Foot & Ankle  
 Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt: **02 / 19 / 2016**  
**Transaction ID : A0918A091D90443DBA23**  
 Amount of Each Receipt this Period: **1500.00**  
 Memo Item

**C. 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: **02 / 05 / 2016**  
**Transaction ID : A29C10205ABB7494E8B0**  
 Amount of Each Receipt this Period: **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3350.00</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 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"/> 18

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. 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 02 / 19 / 2016  
**Transaction ID : A4EC07C4BDBE34BAEA4**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Dr. DeKarnos M. Dial**  
Full Name (Last, First, Middle Initial)

Mailing Address 2980 Shady View Dr.

City High Point State NC Zip Code 27265-8230

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 02 / 09 / 2016  
**Transaction ID : A563E33E1B6F7443CB88**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Dr. Alan J. Discont**  
Full Name (Last, First, Middle Initial)

Mailing Address Family Foot & Ankle Care  
600 S. Dobson Rd. #D35

City Chandler State AZ Zip Code 85224-5692

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 02 / 03 / 2016  
**Transaction ID : A7BF51EBBF69F49BD915**

Amount of Each Receipt this Period 500.00

Memo Item

**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 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

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. Angela P. Dominique**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Fultondale Foot Clinic  
 3524 Decatur Hwy. #301  
 City Fultondale State AL Zip Code 35068-1366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fultondale Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : A1F887D24BDFC4CEB913**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Dr. Nelida Dumitrache**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Wyoming Blvd. N.E. #1223  
 City Albuquerque State NM Zip Code 87113-2168  
 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 **02 / 18 / 2016**  
**Transaction ID : A39B5D267B70E40D69AC**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

**C. Dr. David G. Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1651 Saddle Hill Dr.  
 City Logan State UT Zip Code 84321-3001  
 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 **02 / 18 / 2016**  
**Transaction ID : A2176B740BCA14A5B9E0**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1850.00</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 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

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. Ahmad R. Farah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12817 Don Allen Dr.  
 City Carleton State MI Zip Code 48117-9269  
 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  
 02 / 09 / 2016  
**Transaction ID : A57B4780373EE4C44A5D**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Roderick D. Farley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8001 Merissa Ln. N.E.  
 City Albuquerque State NM Zip Code 87122-3763  
 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  
 02 / 20 / 2016  
**Transaction ID : AA777B59DE9034EB585C**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Bruce G. Fawcett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1514 Glenwood Ave.  
 City Raleigh State NC Zip Code 27608-2368  
 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  
 02 / 08 / 2016  
**Transaction ID : A816E39F60E6146358E0**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 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

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. Michael Z. Fein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 School St. #8  
 City Bethel State CT Zip Code 06801-1846  
 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 02 / 09 / 2016  
**Transaction ID : AC2C1E20BC57D439BBD/**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Dr. James M. Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 N. Brookline Ave. #375  
 City Oklahoma City State OK Zip Code 73112-3628  
 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 02 / 18 / 2016  
**Transaction ID : A68B0636FF3EB4B7F97F**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Karen Galli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1329 Chestnut Ave.  
 City Haddon Heights State NJ Zip Code 08035-1842  
 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 02 / 18 / 2016  
**Transaction ID : ABC34E84289D945ECA48**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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 20 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. Kim G. Gauntt**  
Full Name (Last, First, Middle Initial)

Mailing Address Oregon Foot Care Centers  
410 Villa Rd.

City Newberg State OR Zip Code 97132-1853

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

Name of Employer Foot Health Center of Newberg Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2016  
Transaction ID : **A9AD89347218E4B9E8C9**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Angie Lynn Glynn**  
Full Name (Last, First, Middle Initial)

Mailing Address 4343 N. 600 E.

City Franklin State IN Zip Code 46131-7865

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 02 / 08 / 2016  
Transaction ID : **AEFCA0B9C01E340198DE**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. David J. Golden**  
Full Name (Last, First, Middle Initial)

Mailing Address Greenwich Podiatry  
694 Main St.

City East Greenwich State RI Zip Code 02818-3540

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 02 / 18 / 2016  
Transaction ID : **A29C0E661FE5C4C9D9E4**

Amount of Each Receipt this Period 300.00

Memo Item

**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 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"/> 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. Harry Goldsmith**  
Full Name (Last, First, Middle Initial)

Mailing Address 13337 E. South St. #325

City Cerritos State CA Zip Code 90703-7308

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 02 / 09 / 2016  
**Transaction ID : A43D0D7753E064CC9B74**

Amount of Each Receipt this Period 300.00

Memo Item

**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 02 / 17 / 2016  
**Transaction ID : ABE40E97A472C4006A26**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Dr. Scott Allen Graviet**  
Full Name (Last, First, Middle Initial)

Mailing Address 3008 Island Dr.

City Nampa State ID Zip Code 83686-4916

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 02 / 18 / 2016  
**Transaction ID : AEDD6E2D728D0440EBD2**

Amount of Each Receipt this Period 250.00

Memo Item

**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 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	

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. Mark Haas**  
Full Name (Last, First, Middle Initial)

Mailing Address Albuquerque Associated Podiatrists  
8080 Academy N.E. #C

City Albuquerque State NM Zip Code 87111-1110

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

Name of Employer Albuquerque Associated Podiatrists Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : AB65C1D4EAA0045A0913**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Myron H. Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address Cactus Foot & Ankle, LLC  
1880 W. Frye Rd. #3

City Chandler State AZ Zip Code 85224-6234

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

Name of Employer Information Requested Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : A47F85533CB3249F1A5E**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Martin Clayton Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address Martin C. Harris & Associates  
7 Wilkins Dr.

City Plainville State MA Zip Code 02762

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

Name of Employer Martin C. Harris & Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : A7402DE3C4AD347E199B**

Amount of Each Receipt this Period 300.00

Memo Item

**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 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	<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. Michael A. Haughey**

Full Name (Last, First, Middle Initial)  
Mailing Address The Podiatry Group  
637 E. Matthews Ave.

City Jonesboro State AR Zip Code 72401-3145

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

Name of Employer The Podiatry Group Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 18 / 2016  
**Transaction ID : A04EB99A2686A400ABDE**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. 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 ▼  
300.00

Date of Receipt  
02 / 09 / 2016  
**Transaction ID : A04D89589B3634BC381E**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. Lee Allen Hofsommer**

Full Name (Last, First, Middle Initial)  
Mailing Address 4154 58th St. S.

City Fargo State ND Zip Code 58104-4254

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  
02 / 18 / 2016  
**Transaction ID : A01923FA2CA574935B5D**

Amount of Each Receipt this Period  
300.00

Memo Item

**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 24 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. Robert Louis Hovancsek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2218 Simpson Ave.  
 City Aberdeen State WA Zip Code 98520-3514  
 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  
 02 / 08 / 2016  
**Transaction ID : AF51AD8B08B024371BF9**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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 Occupation  
 Pocatello Podiatry Associates 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  
 02 / 18 / 2016  
**Transaction ID : A008792BA82294BD8BEF**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Scott E. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Specialists, PC  
 1060 N. Monroe St.  
 City Monroe State MI Zip Code 48162-3113  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : A12556E3264DF4E389C4**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<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 25 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

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. Jon A. Hultman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2011 Thayer Ave.

City	State	Zip Code
Los Angeles	CA	90025-5926

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

Name of Employer	Occupation
California Podiatric Medical Associati	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  
 02 / 26 / 2016  
**Transaction ID : A62EDB2C3EC044D45B6A**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Mr. William C. Hurtt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2780 W. Country Club Rd. #1

City	State	Zip Code
Philadelphia	PA	19131-2813

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

Name of Employer	Occupation
Temple University School of Podiatric	Podiatric Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2016  
**Transaction ID : A7A22C6578E7C423EAB8**

Amount of Each Receipt this Period  
 400.00

Memo Item

**C. Dr. Keith J. Kalish**  
Full Name (Last, First, Middle Initial)

Mailing Address 1285 36th St. #203

City	State	Zip Code
Vero Beach	FL	32960-6588

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 / D D / Y Y Y Y Y Y  
 02 / 23 / 2016  
**Transaction ID : AA6593FB8C9C84F95A71**

Amount of Each Receipt this Period  
 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 26 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Gerard J. Kerbleski**

Full Name (Last, First, Middle Initial)  
Mailing Address Podiatry Associates of NM  
8300 Carmel Ave. N.E. #501

City Albuquerque State NM Zip Code 87122-3125

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

Name of Employer Podiatry Associates of NM Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2016  
**Transaction ID : A434756177FC1486482A**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Michael J. King**

Full Name (Last, First, Middle Initial)  
Mailing Address 222 Milliken Blvd.

City Fall River State MA Zip Code 02721-1623

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  
MM / DD / YYYY  
02 / 26 / 2016  
**Transaction ID : A12AF4726D75346F7A36**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. 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  
MM / DD / YYYY  
02 / 13 / 2016  
**Transaction ID : AD5183A604B2D4A6AAFC**

Amount of Each Receipt this Period  
300.00

Memo Item

<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 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

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. Ira H. Kraus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **Advanced Foot Care**  
 4308 Brainerd Rd.  
 City **Chattanooga** State **TN** Zip Code **37411-5424**  
 Name of Employer **Advanced Foot Care** Occupation **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 FEC ID number of contributing federal political committee. **C**  
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : A969CDBC68C6C42E9A00**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Dr. Leonard Raymond LaRussa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **Family Foot & Ankle Center**  
 201 Reese St. #A  
 City **Americus** State **GA** Zip Code **31709-3778**  
 Name of Employer **Family Foot & Ankle Center** Occupation **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 FEC ID number of contributing federal political committee. **C**  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 17 / 2016**  
**Transaction ID : A07F029BDF8D649339D3**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. Dr. Seth Lee Launer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **9 E. Alary Ln.**  
 City **Corrales** State **NM** Zip Code **87048-8307**  
 Name of Employer **ABQ Health Partners** Occupation **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 FEC ID number of contributing federal political committee. **C**  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : A82C288C062DA4CC9BE2**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**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 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

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. Lynn LeBlanc**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Northwestern Dr. #301

City Bloomfield State CT Zip Code 06002-3400

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 ▼ 750.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : AAD8B774750DB4218B86**

Amount of Each Receipt this Period 750.00

Memo Item

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

Mailing Address Kaiser Permanente 6600 Bruceville Rd.

City Sacramento State CA Zip Code 95823-4671

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

Name of Employer Information Requested Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2016  
**Transaction ID : A833E186FEF7B4AF1A04**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Richard Andrew Leichter**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Maple Ave. #3B

City Red Bank State NJ Zip Code 07701-1729

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 02 / 12 / 2016  
**Transaction ID : A490C47BB8F564BD089D**

Amount of Each Receipt this Period 300.00

Memo Item

**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 29 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Leslie G. Levy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23501 Cinema Dr. #209  
 City Valencia State CA Zip Code 91355-5430  
 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: 02 / 04 / 2016  
**Transaction ID : A09B701A3C1A94FC4A24**  
 Amount of Each Receipt this Period: **500.00**  
 Memo Item

**B. Dr. Jay D. Lifshen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address SW Podiatry/Pod. Med. Partners of 2001 N. MacArthur Blvd. #300  
 City Irving State TX Zip Code 75061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Podiatric Medical Partners of Tx, PA  
 Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt: 02 / 10 / 2016  
**Transaction ID : A4A25944152314034ACD**  
 Amount of Each Receipt this Period: **1000.00**  
 Memo Item

**C. Dr. George T. Liu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 Stratford Ln.  
 City Coppell State TX Zip Code 75019-6127  
 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: 02 / 21 / 2016  
**Transaction ID : A9BDE4E745E684349814**  
 Amount of Each Receipt this Period: **300.00**  
 Memo Item

<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 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	

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. 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  
 02 / 04 / 2016  
**Transaction ID : AB8E33A6F5C184D04A31**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2016  
**Transaction ID : AC55B5D3EF6A7423EBA0**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Timothy I. McCord**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Everett Foot Clinic  
 3401 Rucker Ave.  
 City Everett State WA Zip Code 98201-4281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Everett Foot Clinic 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  
 02 / 05 / 2016  
**Transaction ID : AD27A77D6FFED46FAA66**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<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 31 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. Scott W. McKinney**

Full Name (Last, First, Middle Initial)  
Mailing Address McKinney Podiatric Associates  
3692 E. Sam Houston Pkwy S. #100

City Pasadena State TX Zip Code 77503-1602

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

Name of Employer McKinney Podiatric Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 18 / 2016  
**Transaction ID : AE40CF791900B462198A**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Richard T. Meredith**

Full Name (Last, First, Middle Initial)  
Mailing Address Richard T. Meredith, DPM, PC  
201 N. Main Ave.

City Scranton State PA Zip Code 18504-3303

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

Name of Employer Richard T. Meredith, DPM, PC Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 08 / 2016  
**Transaction ID : AD1987D19A1854EB4AFA**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Dr. Jason Christopher Miller**

Full Name (Last, First, Middle Initial)  
Mailing Address 350 Kingwood Medical Dr. #150

City Kingwood State TX Zip Code 77339-6406

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  
02 / 18 / 2016  
**Transaction ID : A157B3AD4A0604FE88BC**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

**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 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

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. Richard J. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address Carmel Foot Specialists  
717 S. Torrence St.

City Charlotte State NC Zip Code 28204-2927

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

Name of Employer Carmel Foot Specialists Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2016  
**Transaction ID : A050A9CFB471D4055815**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Dr. Richard Pat Mistretta**  
Full Name (Last, First, Middle Initial)

Mailing Address Affiliated Foot & Ankle  
3071 Peachtree Industrial Blvd. #1

City Duluth State GA Zip Code 30097-8607

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

Name of Employer Affiliated Foot & Ankle Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2016  
**Transaction ID : AA877AE894DD541D6BF2**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. Todd Damien O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Winterhaven Dr.

City Orono State ME Zip Code 04473-3678

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

Name of Employer Health Access Network Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2016  
**Transaction ID : AD692C1A1FF724AC0AD7**

Amount of Each Receipt this Period  
300.00

Memo Item

<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 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	<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. Laura J. Pickard**  
Full Name (Last, First, Middle Initial)

Mailing Address Norridge Foot Clinic  
7325 W. Irving Park Rd.

City Chicago State IL Zip Code 60634-3547

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

Name of Employer Norridge Foot Clinic Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 19 / 2016  
Transaction ID : **AB1E56141AED34B3DBFC**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Dr. Carlton G. Purvis**  
Full Name (Last, First, Middle Initial)

Mailing Address Purvis Foot & Ankle Center  
3301 Sunset Ave.

City Rocky Mount State NC Zip Code 27804

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

Name of Employer Purvis Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 09 / 2016  
Transaction ID : **A23E8CF5C0945496E8F4**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. Jennifer H. Purvis**  
Full Name (Last, First, Middle Initial)

Mailing Address 3301 Sunset Ave.

City Rocky Mount State NC Zip Code 27804-3521

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  
02 / 09 / 2016  
Transaction ID : **A1A1488DD75A840D7ABA**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 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	

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. Ricky D. Roach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot Specialist of S. MS  
 999 N. Halstead Rd.  
 City Ocean Springs State MS Zip Code 39564  
 Name of Employer Foot Specialist of S. MS Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 450.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A5928DB2A8C334E18B4C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. John D. Ruff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 614 N. Spring St.  
 City Peoria State IL Zip Code 61603-4133  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : AFEF764706885483D951**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Andrew C. Schink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Cameo Dr.  
 City Eugene State OR Zip Code 97405-5897  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : AC45619B79B6144BB833**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 35 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. Edward A. Schulz**  
Full Name (Last, First, Middle Initial)

Mailing Address **Mundelein Foot & Ankle Center**  
550 N. Midlothian Rd. # 100

City **Mundelein** State **IL** Zip Code **60060**

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

Name of Employer **Mundelein Foot & Ankle Center** 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  
**02 / 09 / 2016**

**Transaction ID : AB8D831B795D043DB956**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B. Dr. Erika M. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address **7816 English Way**

City **Bethesda** State **MD** Zip Code **20817-1966**

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

Name of Employer **Foot and Ankle Specialists of the Mid** 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  
**02 / 12 / 2016**

**Transaction ID : AA1F276D0FEB44AA59EE**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**c. Dr. Faith C. Shapiro**  
Full Name (Last, First, Middle Initial)

Mailing Address **S.W. Podiatry Center, PC**  
1903 Wyoming Blvd. N.E. #C

City **Albuquerque** State **NM** Zip Code **87112**

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

Name of Employer **S.W. Podiatry Center** 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  
**02 / 18 / 2016**

**Transaction ID : AF00EB860DDF54ACB811**

Amount of Each Receipt this Period  
**250.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</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 36 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
-----------------------------	-----------------------------	-----------------------------

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. Lilly Shimahara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8958 Riverside Dr.  
 City Parker State AZ Zip Code 85344-8088  
 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 ▼ 5000.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : A1C5648A7360548D9971**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Dr. Scott L. Shindler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Shindler Foot Clinic  
 2525 Fox Run Pkwy. #202  
 City Yankton State SD Zip Code 57078-5371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shindler Foot Clinic  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A4C419FF44A104953B24**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Joseph E. Silver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 E. 12 Mile Rd.  
 City Warren State MI Zip Code 48093-2759  
 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 02 / 09 / 2016  
**Transaction ID : A1D3847BAAC7144CAB3F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5550.00
<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 38 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Bruce W. Smit**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9875 W. Lincoln Hwy. #101  
 City Frankfort State IL Zip Code 60423-1931  
 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 02 / 18 / 2016  
**Transaction ID : A4E4AF70C6ECF494486F**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Harold D. Sterling Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6452 Millennium Dr. #130  
 City Lansing State MI Zip Code 48917-7881  
 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 02 / 05 / 2016  
**Transaction ID : A07A0D378FD804383B9D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. 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 02 / 26 / 2016  
**Transaction ID : AFDF026B0CA104FA19EA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**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 39 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Chad A. Summy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Specialists  
 2705 Samson Way  
 City Bellevue State NE Zip Code 68123-4307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summy Foot & Ankle P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 18 / 2016**  
**Transaction ID : AF5FA7CA9060A4815802**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Jason Ray Surratt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Westside Foot & Ankle Specialists  
 9900 S.W. Hall Blvd. #100  
 City Tigard State OR Zip Code 97223-5838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : AD9A021BD33124BA7BC2**  
 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)  Memo Item  
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : AE524650B85D240469D8**  
 Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</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 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	<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. Timothy Tillo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12276 San Jose Blvd. #606

City Jacksonville State FL Zip Code 32223-8672

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 02 / 18 / 2016  
**Transaction ID : A13C40CAD86014507AAB**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Gerald W. Torgesen**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Surgical Group  
10561 Jeffreys St. #110

City Henderson State NV Zip Code 89052-4267

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

Name of Employer Foot & Ankle Surgical Group Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : A119AB77EB7F845328EF**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Michael Tritto**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Spec. of the Mid-Atla  
11801 Rockville Pk. #105

City Rockville State MD Zip Code 20852-2714

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 02 / 29 / 2016  
**Transaction ID : AB72C925B459B4336ABD**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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 41 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. Sylvia Virbulis**  
Full Name (Last, First, Middle Initial)

Mailing Address Piedmont Foot & Ankle Care  
316 S. Church St.

City Salisbury State NC Zip Code 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : AA4AF0321F59740DAA71**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. John M. Wray**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 N. Michigan Ave. #1129

City Chicago State IL Zip Code 60602-3478

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  
MM / DD / YYYY  
02 / 18 / 2016

**Transaction ID : A5A74BC0D44664DD8810**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. Steven S. Wrege**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Specialists of NM  
5111 Juan Tabo Blvd. N.E.

City Albuquerque State NM Zip Code 87111-2672

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

Name of Employer Foot & Ankle Specialists of NM Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2016

**Transaction ID : ACC77365B8EBA4029AB4**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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

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**

Full Name (Last, First, Middle Initial)

**A. BRIAN MAST FOR CONGRESS**

Mailing Address 2600 S DOUGLAS RD STE 900

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement

Candidate Name

**Brian Mast**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **BB65E17A5BAC2470FB46**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUDDY CARTER FOR CONGRESS**

Mailing Address 200 E ST JULIAN ST SUITE 603

City State Zip Code  
SAVANNAH GA 31401

Purpose of Disbursement

Candidate Name

**Rep. Buddy Carter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **BC01989DB13664851A96**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Butterfield For Congress**

Mailing Address PO Box 2571

City State Zip Code  
Wilson NC 27894

Purpose of Disbursement

Candidate Name

**Rep. G.K. Butterfield Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : **BEF1F3BB790A94FE7A37**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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

**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

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**

Full Name (Last, First, Middle Initial)

**A. Committee To Reelect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement

Candidate Name

**Rep. Chris H. Smith**

Office Sought:  House  
 Senate  
 President

State: NJ District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2016

Transaction ID : B5B445216CA6A456AB8B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143

Purpose of Disbursement

Candidate Name

**Rep. Dave P. Joyce**

Office Sought:  House  
 Senate  
 President

State: OH District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2016

Transaction ID : BA490A71600014C8C8E9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement

Candidate Name

**Rep. Julia Brownley**

Office Sought:  House  
 Senate  
 President

State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : B6AEAD231B69B41D3979

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. PAC to the Future**

Mailing Address 430 South Capitol Street, SE  
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other2016

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : B5265AA63209748F9B90

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pat Toomey For Senate Committee**

Mailing Address 2720 Jordan Road  
2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

Candidate Name

**Sen. Pat J. Toomey**

Office Sought:  House  Senate  President

State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : BE6DFA883AEB44AFC967

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568-0344

Purpose of Disbursement

Candidate Name

**Rep. Rodney L. Davis**

Office Sought:  House  Senate  President

State: IL District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : BDEE776CE83AB4693B40

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

**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

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**

Full Name (Last, First, Middle Initial)

**A. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement

Candidate Name

**Rep. Jan D. Schakowsky**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : B5FF0C1498B784FBC9DD

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement

Candidate Name

**Rep. Jan D. Schakowsky**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : B721B4C3C1D2F483F822

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sires For Congress**

Mailing Address 6050 Blvd. East

City State Zip Code  
West New York NJ 07093

Purpose of Disbursement

Candidate Name

**Rep. Albio Sires**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : B95F198DCFC7641CCA90

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

