



**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"/>		426633.57
(b) Cash on Hand at Beginning of Reporting Period.....	560737.22	
(c) Total Receipts (from Line 19) .....	27653.83	285507.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	588391.05	712141.05
7. Total Disbursements (from Line 31).....	23500.00	147250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	564891.05	564891.05
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	14858.33	179122.32
(ii) Unitemized .....	12795.50	106385.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27653.83	285507.48
(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) .....	27653.83	285507.48
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))..... ▶	27653.83	285507.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27653.83	285507.48

**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.....	23500.00	147100.00
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	150.00
(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	150.00
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)) ..	23500.00	147250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	147250.00

**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) .....	27653.83	285507.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27653.83	285357.48
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 30
	<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. William Cabell Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Epic Way #439  
 City San Jose State CA Zip Code 95134-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palo Alto Medical Foundation Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : A95D6361DB5AB4DD4B43**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Dr. Martha Jullie Ajlouny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Greensboro Podiatry Associates, P. 530 N. Elam Ave. #A  
 City Greensboro State NC Zip Code 27403-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Instride Greensboro Podiatry Associate Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 20 / 2016**  
**Transaction ID : AFCEB42227E4C849769DE**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item

**C. Dr. Scott Altman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 E. 85th St. #23H  
 City New York State NY Zip Code 10028-2149  
 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 **06 / 03 / 2016**  
**Transaction ID : A954FFC6F3AE34774AED**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</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 7 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Richard A. Armstrong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Falmouth Podiatry  
 342A Gifford St.  
 City Falmouth State MA Zip Code 02540-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Falmouth Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : AE1A7A3F80295478BA18**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Albert V. Armstrong Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16652 S.W. 61st Way  
 City Miami State FL Zip Code 33193-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barry University Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : ADC90383D4D4D44A1883**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Dr. Michael D. Barkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 W. Merrick Rd. #101  
 City Valley Stream State NY Zip Code 11580-5707  
 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 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : A6A2BDFF4066A438CB00**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Gary Bruce Briskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Wilshire Blvd. #101  
 City Santa Monica State CA Zip Code 90403-5742  
 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 **06 / 23 / 2016**  
**Transaction ID : AA981E12DE3234EE9994**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207-5014  
 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 **06 / 09 / 2016**  
**Transaction ID : A8063CFEC7D854B48876**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Dr. Terrill F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Chicora Club Dr.  
 City Dunn State NC Zip Code 28334-5667  
 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 **06 / 17 / 2016**  
**Transaction ID : AD82F01B1F34E47C7B8B**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>850.00</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 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Gregory W. Bryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ark LA Tex Foot Specialists, LLC  
 385 Bert Kouns #200  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : A5E7577CEC02D498484B**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : A90B3DDF815BB47DE973**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**c. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : AFD49D98B9B8B4130A6E**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 10 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Mark Costopoulos**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 N. Sepulveda Blvd.

City Manhattan Beach	State CA	Zip Code 90266-5921
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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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  
 06 / 24 / 2016  
**Transaction ID : A45F32177053641A6ADE**

Amount of Each Receipt this Period  
 200.00

Memo Item

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

Mailing Address 108A Smart Pl.

City Slidell	State LA	Zip Code 70458-2040
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016  
**Transaction ID : A418A8BFEC101458B95F**

Amount of Each Receipt this Period  
 150.00

Memo Item

**C. Dr. Walter F. D'Costa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2281 Cleveland Ave.

City Santa Rosa	State CA	Zip Code 95403-2905
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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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  
 06 / 23 / 2016  
**Transaction ID : A1FCE4D32A0A744C7B93**

Amount of Each Receipt this Period  
 500.00

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 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Cody M. Drake**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 W. Decatur St.

City Madison State NC Zip Code 27025-1907

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 06 / 22 / 2016  
**Transaction ID : A8FAA2528D15842B1AB3**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. Mark T. Eaton**  
Full Name (Last, First, Middle Initial)

Mailing Address Cape Fear Podiatry Associates  
1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304-3861

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

Name of Employer Cape Fear Podiatry Associates  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2016  
**Transaction ID : ACB1C72A3E2CE4A1DB01**

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 9629 Cresta Dr.

City Los Angeles State CA Zip Code 90035-4003

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 06 / 24 / 2016  
**Transaction ID : AE307CB0F495741FDA95**

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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Dr. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd. W.  
 City Tacoma State WA Zip Code 98499-8138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : AACF353D13736407EBE2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dr. Jimmie Lee Felton Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 7033  
 City Americus State GA Zip Code 31709-7033  
 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 06 / 27 / 2016  
**Transaction ID : A303251025E8B4C91A1F**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dr. Brian R. Fradette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Tsienneto Rd. #303  
 City Derry State NH Zip Code 03038-1584  
 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 06 / 30 / 2016  
**Transaction ID : A1AD0CC7ECF9645EA949**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. David J. Freedman**

Full Name (Last, First, Middle Initial)  
Mailing Address Foot & Ankle Spec. of the Mid-Atla  
3801 International Dr. #204

City Silver Spring State MD Zip Code 20906-1550

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 **06 / 24 / 2016**

**Transaction ID : AFB7604BF33F14189817**

Amount of Each Receipt this Period **1000.00**

Memo Item

**B. Dr. Christopher Joseph Gauland**

Full Name (Last, First, Middle Initial)  
Mailing Address Eastern Carolina F&A Specialists  
2140 W. Arlington Blvd. #D

City Greenville State NC Zip Code 27834-5709

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

Name of Employer Eastern Carolina Foot & Ankle Speciali Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 23 / 2016**

**Transaction ID : AEA00A829CEC74A77A0C**

Amount of Each Receipt this Period **250.00**

Memo Item

**c. Dr. Robert M. Gerber**

Full Name (Last, First, Middle Initial)  
Mailing Address 800 Austin St. #W508

City Evanston State IL Zip Code 60202-3445

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 **06 / 17 / 2016**

**Transaction ID : ABF3C0AC3AA454AE9991**

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 15 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Philip Wayne Holloway**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 E. Court St.

City	State	Zip Code
Paris	IL	61944-2460

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  
 06 / 24 / 2016  
**Transaction ID : A311E851BB4514BFE8BA**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. Dr. Eric R. Hubbard**  
Full Name (Last, First, Middle Initial)

Mailing Address Long Beach Memorial Medical Center  
2333 Pacific Ave.

City	State	Zip Code
Long Beach	CA	90806

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

Name of Employer	Occupation
Long Beach Memorial Medical Center	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  
 06 / 23 / 2016  
**Transaction ID : A856251D80D9E4AE485D**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Dr. Joseph M. Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address Los Alamitos Foot Center  
10961 Cherry St.

City	State	Zip Code
Los Alamitos	CA	90720

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

Name of Employer	Occupation
Los Alamitos Foot Center	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016  
**Transaction ID : A6CDEE722C64D43E3A9D**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 16 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Joseph M. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Los Alamitos Foot Center  
 10961 Cherry St.  
 City Los Alamitos State CA Zip Code 90720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A8FBE263049FF49EC99D**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dr. Jondelle B. Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address J.B. Jenkins & Associates  
 1706 E. 87th St.  
 City Chicago State IL Zip Code 60617-2740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : AC6C68A6CE34042C292F**  
 Amount of Each Receipt this Period  
 625.00  
 Memo Item

**C. Dr. Alvin J. Kanegis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Page Ln.  
 City Westbury State NY Zip Code 11590-6213  
 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  
 06 / 10 / 2016  
**Transaction ID : A5BADB564537D41BFA99**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2121 Main St. #214

City Buffalo State NY Zip Code 14214-2693

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : AB88EACAF41494730A14**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Adam Jon Keslonsky**  
Full Name (Last, First, Middle Initial)

Mailing Address NYU Langone Huntington Medical Gro  
180 E. Pulaski Rd.

City Huntington Station State NY Zip Code 11746-1915

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

Name of Employer Huntington Medical Group Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2016  
**Transaction ID : AC0B77B8EE61B4454815**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. Timothy Scott Kneebone**  
Full Name (Last, First, Middle Initial)

Mailing Address 2650 Jones Way #3

City Simi Valley State CA Zip Code 93065-1206

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 06 / 24 / 2016  
**Transaction ID : A6BD7E9ADBBB94530B3C**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Joan M. Koewler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4157 Clark Rd.

City	State	Zip Code
Sarasota	FL	34233-2403

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2016

**Transaction ID : A55A0C0498F1F46859D7**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

**B. Dr. Neal J. Kruman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4449 Woodridge Ct.

City	State	Zip Code
Waterford	MI	48328-4277

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

**Transaction ID : AD5F36CD45A4F4B91AEF**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

**C. Dr. Mark Andrew Lambert**  
Full Name (Last, First, Middle Initial)

Mailing Address Pensacola Foot & Ankle Center  
4850 N. 9th Ave.

City	State	Zip Code
Pensacola	FL	32503-2407

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

Name of Employer	Occupation
Pensacola Foot & Ankle Center	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

**Transaction ID : A8E3FB05DABEB4A329DE**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Melissa Jomarie Lockwood**  
Full Name (Last, First, Middle Initial)

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

City Bloomington State IL Zip Code 61704-7775

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 16 / 2016  
**Transaction ID : A9BFBB3DB5EA74FEE95C**

Amount of Each Receipt this Period 83.33

Memo Item

**B. Dr. Heather Renee McGuire**  
Full Name (Last, First, Middle Initial)

Mailing Address Pacific Foot & Ankle Care  
2961 Loma Vista Rd.

City Ventura State CA Zip Code 93003-2915

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 06 / 23 / 2016  
**Transaction ID : AE12059764D354061918**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Dr. Ronald E. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 15243 Vanowen St. #410

City Van Nuys State CA Zip Code 91405-3659

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 06 / 23 / 2016  
**Transaction ID : A448E7AF6AEFF4C05900**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Mark S. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1726 Avenida La Posta

City Encinitas State CA Zip Code 92024-5610

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

Name of Employer Miller Medical Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A0CC4ECADC8854244A21**

Amount of Each Receipt this Period 200.00

Memo Item

**B. Dr. John Christopher Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address Moore Foot & Ankle Specialists  
136 Mimosa Dr.

City Asheville State NC Zip Code 28806-1719

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

Name of Employer Moore Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : A4408505A514B47DDB20**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Dr. Lily Lee Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Mimosa Dr.

City Asheville State NC Zip Code 28806-1719

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 06 / 08 / 2016  
**Transaction ID : A84803921A98C4753A72**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Gerald D. Peterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Clinic  
 1880 Williamette Falls Dr. #111  
 City West Linn State OR Zip Code 97068-4653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt  
 06 / 06 / 2016  
**Transaction ID : A969C084CBFE84144BE0**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Emilio Angelo Puzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Cherry Hill Rd. #206  
 City Parsippany State NJ Zip Code 07054-1101  
 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 250.00

Date of Receipt  
 06 / 29 / 2016  
**Transaction ID : ADDD2EAA719964B73B44**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot Specialist of S. MS Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 600.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : A8D6FB3E119AC43EEA70**  
 Amount of Each Receipt this Period  
 150.00  
 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 22 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jason W. Rockwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Associates, Inc.  
 2019 Galisteo St. #K  
 City Santa Fe State NM Zip Code 87505-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : A52733A035BDE4E50846**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Dr. Mark B. Saffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Health Center  
 4700 Schaefer Rd.  
 City Dearborn State MI Zip Code 48126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Health Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2016  
**Transaction ID : A92CACF0BB5544CB6925**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Nichol L. Salvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 464 Savannah Pl.  
 City Mcdonough State GA Zip Code 30253-7374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2016  
**Transaction ID : A598A26EA0ABC4641875**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Paul R. Scherer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Willow St. #204  
 City San Francisco State CA Zip Code 94109-7733  
 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 06 / 24 / 2016  
**Transaction ID : AF302FE71C8B24FDF816**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Paul L. Sheitel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 St. Paul Ave.  
 City Reisterstown State MD Zip Code 21136-1810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 27 / 2016  
**Transaction ID : ABD3AD134A90E4B5185E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dr. Mickey D. Stapp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Augusta Foot & Ankle  
 4350 Towne Centre Dr. #3000  
 City Evans State GA Zip Code 30809-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Augusta Foot & Ankle Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 06 / 07 / 2016  
**Transaction ID : A517E9C01195B4DE0916**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Michael A. Stein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3612 Vista Charonoaks  
 City Walnut Creek State CA Zip Code 94598-4050  
 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  
 06 / 23 / 2016  
**Transaction ID : AF865BE3DBF8543EA94E**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Wenjay Sung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 W. Huntington Dr. #300  
 City Arcadia State CA Zip Code 91007-1527  
 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  
 06 / 23 / 2016  
**Transaction ID : A1A7AB82AFB4E4A57AF9**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. William E. Sweet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 S. Farrell Dr. #B101  
 City Palm Springs State CA Zip Code 92262-7961  
 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  
 06 / 23 / 2016  
**Transaction ID : A9437A82F672B43A096E**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Craig H. Thomajan**

Full Name (Last, First, Middle Initial)  
Mailing Address Austin Foot & Ankle Specialists  
5000 Bee Cave Rd. #202

City Austin State TX Zip Code 78746-5254

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

Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 22 / 2016  
**Transaction ID : A68591F4091CF4615805**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dr. Matthew J. Thompson**

Full Name (Last, First, Middle Initial)  
Mailing Address Cape Fear Podiatry Associates  
4850 Fayetteville Rd.

City Lumberton State NC Zip Code 28358

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : A48F3667993A0452DAFC**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. Leon Thomas Watkins**

Full Name (Last, First, Middle Initial)  
Mailing Address Watkins Foot Center  
2520 Harvard Ave. #2B

City Metairie State LA Zip Code 70001

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

Name of Employer Watkins Foot Center Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 20 / 2016  
**Transaction ID : ACB151F461CB4412F8AD**

Amount of Each Receipt this Period  
150.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 26 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Benjamin W. Weaver**

Full Name (Last, First, Middle Initial)  
Mailing Address Central KS Podiatry Associates  
2081 N. Webb Rd.

City State Zip Code  
Wichita KS 67206-3411

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

Name of Employer Occupation  
Central KS Podiatry Associates Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2016

**Transaction ID : AF5FAB61A3E044207BFA**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Dr. Benjamin W. Weaver**

Full Name (Last, First, Middle Initial)  
Mailing Address Central KS Podiatry Associates  
2081 N. Webb Rd.

City State Zip Code  
Wichita KS 67206-3411

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

Name of Employer Occupation  
Central KS Podiatry Associates Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : A0CE2161A1EFD4679A57**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Dr. Kirk Eliel Woelffer**

Full Name (Last, First, Middle Initial)  
Mailing Address Raleigh Foot & Ankle Center  
P.O. Box 98209

City State Zip Code  
Raleigh NC 27624-8209

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

Name of Employer Occupation  
Raleigh Foot Center Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2016

**Transaction ID : A44F1D2F8F42D48A4939**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: PAGE 27 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Bobby Yee**

Mailing Address 880 Cass St. #201

City Monterey	State CA	Zip Code 93940-2909
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

**Transaction ID : A20F5EA3582BA4AE685A**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14858.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COMSTOCK FOR CONGRESS**

Mailing Address PO BOX 831

City MC LEAN State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

**Rep. Barbara J. Comstock**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : BA147ABB8680A40109C5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369  
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement

Candidate Name

**Rep. Erik Paulsen**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : BC89354FA390E453A9D3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. John S. Fund**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : B66F482A30EF24218B9F

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : B2A47B86A9D984D16971

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : B35D09CD44855451B95C

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Progressive Choices PAC**

Mailing Address PO Box 58

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement  
Rep Jan Schakowsky LPAC donation 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : BF06A0A88AAE64DC28F9

Amount of Each Disbursement this Period

2500.00

Memo Item

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

9000.00

**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

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

Full Name (Last, First, Middle Initial)

**A. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

Candidate Name  
**Rep. John M. Shimkus**

Office Sought:  House  Senate  President  
State: IL District: 15

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : **BBF55C2E1C18F41978D0**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walorski For Congress Inc**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement

Candidate Name  
**Rep. Jackie Swihart Walorski**

Office Sought:  House  Senate  President  
State: IN District: 02

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : **BB1838BCF32F94D8EBC6**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

7500.00

23500.00