



**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"/>	<input type="text" value="426633.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="478780.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="64358.83"/>	<input type="text" value="210505.99"/>
(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="543139.56"/>	<input type="text" value="637139.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5150.00"/>	<input type="text" value="99150.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="537989.56"/>	<input type="text" value="537989.56"/>
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)

Page 3

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40930.33	138870.33
(ii) Unitemized .....	23428.50	71635.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64358.83	210505.99
(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) .....	64358.83	210505.99
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))..... ▶	64358.83	210505.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64358.83	210505.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	99000.00
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 .....	150.00	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)).....	150.00	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)) ..	5150.00	99150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5150.00	99150.00

**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) .....	64358.83	210505.99
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64208.83	210355.99
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 42
	<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. Jeffery H. Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Podiatry Services  
 610 S. Maple Ave. #2550  
 City Oak Park State IL Zip Code 60304-2807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Podiatry Services Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : A24EC21EA142D4D3092C**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. David B. Alper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Oak Ave.  
 City Belmont State MA Zip Code 02478-2751  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2016  
**Transaction ID : AD8BD0377FC9B4C78B2A**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Richard A. Altwerger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Village Medical Arts Complex  
 77 Miller Rd. #202  
 City Castleton On Hudson State NY Zip Code 12033-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2016  
**Transaction ID : ADF3DF06A3A6B45FFB49**  
 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 7 OF 42
	<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. Lesley S. Appel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6832 Del Mar Ter.  
 City Naples State FL Zip Code 34105-5033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : AB705450CF72849BFB06**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Katherine Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Bailey & Associates  
 1307 Washington St. #100  
 City Oregon State IL Zip Code 61061-1627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bailey & Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A0647AEA1D8E64AB196C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Lindsay Dean Barth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Next Step Foot & Ankle Centers  
 2315 Dougherty Ferry Rd. #110  
 City Saint Louis State MO Zip Code 63122-3383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tesson Ferry Foot & Ankle Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : AF14C6EE5517B4FBD996**  
 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 8 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Alan L. Bass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 Craig Rd. #102  
 City Manalapan State NJ Zip Code 07726-8729  
 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 03 / 16 / 2016  
**Transaction ID : A3781EF64A577476DACC**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Michael Robert Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1869 Marina Cir.  
 City North Fort Myers State FL Zip Code 33903-5031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A2A464CC72F994C7AB8B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Mr. Michael R. Borden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 8th Ave. #1902  
 City New York State NY Zip Code 10018-4349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York State Podiatric Medical Assn. Occupation Interim Executive Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A69419EA76E944F9D95D**  
 Amount of Each Receipt this Period 500.00  
 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:	PAGE 9 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Marc A. Borovoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Associated Podiatrists  
 26750 Providence Pkwy. #130  
 City State Zip Code  
 Novi MI 48374-1211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Associated Podiatrists Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2016  
**Transaction ID : A930B01C922CB4CE5AF2**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Dr. Jason Kendell Boudreau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Prospect Medical Commons  
 2311 N. Prospect Ave. #4A  
 City State Zip Code  
 Milwaukee WI 53212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2016  
**Transaction ID : AFE8A46279062463DAA0**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Steven K. Bowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1645 Owen Dr.  
 City State Zip Code  
 Fayetteville NC 28304-3425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2016  
**Transaction ID : AC8C796EAE9074768904**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<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. Maria A. Branca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 909 Midland Ave.  
 City Yonkers State NY Zip Code 10704-1092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A75504A28C8FB4094B77**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Joel W. Brook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dallas Podiatry Works  
 7777 Forest Ln. #A212  
 City Dallas State TX Zip Code 75230-2535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dallas Podiatry Works  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : AB593498114DE4446BDB**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

Date of Receipt 03 / 24 / 2016  
**Transaction ID : AD3C37FEA875043DEA7F**  
 Amount of Each Receipt this Period 100.00  
 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 12 OF 42
	<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. Cathy O. Coker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7308 Barnwell Pl.  
 City Indianapolis State IN Zip Code 46217-3085  
 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 03 / 31 / 2016  
**Transaction ID : A7E79ADC87A8B4C2FB91**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Maureen L. Crotty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4734 S. Yorktown Pl.  
 City Tulsa State OK Zip Code 74105-4931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Green Country Podiatry Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : AEC904C51C10E4B0C905**  
 Amount of Each Receipt this Period 500.00  
 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)  Memo Item  
 Aggregate Year-to-Date 950.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : AE8E1AA067F984181A99**  
 Amount of Each Receipt this Period 150.00  
 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 13 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Vanessa M. Darmochwal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Hasbrouck Ave.  
 City Highland State NY Zip Code 12528-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A607DD128E40C4A86BA5**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Mr. Michael Q. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 757 Poplar Church Rd.  
 City Camp Hill State PA Zip Code 17011-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pennsylvania Podiatric Medical Assoc. Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 301.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AAF438ABA35054BD4AA2**  
 Amount of Each Receipt this Period 301.00  
 Memo Item

**C. Dr. Odin de los Reyes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Pomperaug Office Park #107  
 City Southbury State CT Zip Code 06488-2295  
 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 03 / 02 / 2016  
**Transaction ID : A6D65A7E65BCB49569DF**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1601.00
<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 42
	<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 Scott DeMarco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 Shore Rd.  
 City Somers Point State NJ Zip Code 08244-2630  
 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 03 / 28 / 2016  
**Transaction ID : AB6BA302BC9D54A838DE**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Robert Jeffrey Doyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3600 N. Star Rd. #140  
 City Richardson State TX Zip Code 75082-5309  
 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 03 / 31 / 2016  
**Transaction ID : AE944E9C5192E4F0480A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Richard S. Eisner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Highland Ave. #103  
 City Salem State MA Zip Code 01970-2100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A8A975296295C4C918C1**  
 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 15 OF 42
	<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. Denise Lea Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Center  
1111 Medical Center Blvd. #N507

City Marrero State LA Zip Code 70072

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

Name of Employer Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : AF25A7B5A12A9473CA65**

Amount of Each Receipt this Period 500.00

Memo Item

**B. 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 ▼ 250.00

Date of Receipt 03 / 24 / 2016  
**Transaction ID : A98D90815D5B6464D9A8**

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 3774 Broadway

City Grove City State OH Zip Code 43123-2235

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A68B52A74460449209CA**

Amount of Each Receipt this Period 500.00

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 16 OF 42
	<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. Kim David Flora**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Center  
 1086 N. Cherry St.  
 City Tulare State CA Zip Code 93274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 03 / 28 / 2016  
**Transaction ID : AF8ED296564B94E96B2E**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Howard M. Gale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1904 Sweet Bay Cove  
 City Statesboro State GA Zip Code 30461-0598  
 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  
 03 / 20 / 2016  
**Transaction ID : AB9D1779A377247E7B2E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Paul R. Glaser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4113 Oleander Dr. #G  
 City Wilmington State NC Zip Code 28403-6840  
 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  
 03 / 19 / 2016  
**Transaction ID : AE4541020E9364A25ADA**  
 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 18 OF 42
	<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. John Guadara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Bergan St. #1  
 City Hackensack State NJ Zip Code 07601-5461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : AFF7BE141988849F9A0A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Rupal Patel Gupta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3995 Montglenn Trce.  
 City Cumming State GA Zip Code 30041-7373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 07 / 2016  
**Transaction ID : AB791B9EF787044F6AD5**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Dr. James O. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9611 Putnam Rd.  
 City Forestville State NY Zip Code 14062-9696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A408EBB0678B5469380F**  
 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 19 OF 42
	<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. Lawrence B. Harkless**  
Full Name (Last, First, Middle Initial)

Mailing Address Western Univ. of Health Sciences  
309 E. 2nd St.

City Pomona State CA Zip Code 91766-1854

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

Name of Employer Western Univ. of Health Sciences Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AC6086BFA6F014CF693C**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. William Harris IV**  
Full Name (Last, First, Middle Initial)

Mailing Address Carolina Podiatry Group  
1190 Hwy. 9 Bypass W.

City Lancaster State SC Zip Code 29720-1709

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

Name of Employer Presbyterian Medical Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A271DC26DBA8D42E6AC2**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. Todd A. Harrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 11110 Medical Campus Rd. #100

City Hagerstown State MD Zip Code 21742-6734

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A835BB262BA224961AD5**

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 20 OF 42
	<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. S. F. Charley Hartley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 W. Pasadena Blvd.  
 City Deer Park State TX Zip Code 77536-4870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2016  
**Transaction ID : AE38800D6DDF94065AE9**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Dr. Edwin S. Hart III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 Easton Ave.  
 City Bethlehem State PA Zip Code 18017-5009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2016  
**Transaction ID : AE181818FC98947789D4**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : AB088D669D12A4D4E916**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1350.00
<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 21 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Stanley Idiculla**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1406 Hidden Hill Ln.  
 City Vienna State VA Zip Code 22182-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : AD75DA82290474AC4901**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Kenneth E. Jacoby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Elgin Foot & Ankle Ctr. 750 Fletcher Dr. #300  
 City Elgin State IL Zip Code 60123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elgin Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A83B9829BFA2B4B31BD2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt 03 / 28 / 2016  
**Transaction ID : AA1BAD4A5C25A4CBEA96**  
 Amount of Each Receipt this Period 625.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1425.00**  
**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 42
	<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. Ronald D. Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address Sutter Gould Medical Foundation  
600 Coffee Rd.

City Modesto State CA Zip Code 95355-4201

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

Name of Employer Sutter Gould Medical Foundation Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2016  
**Transaction ID : A4813DE3CD80347B6B74**

Amount of Each Receipt this Period 500.00

Memo Item

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

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

City Roseville State MN Zip Code 55113-1883

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

Name of Employer Roseville Podiatry Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A424F249EC872460B9D1**

Amount of Each Receipt this Period 250.00

Memo Item

**c. Dr. Randy K. Kaplan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1026 S. Washington Ave.

City Royal Oak State MI Zip Code 48067-3218

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 ▼ 1005.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AE037D66595B84CA4856**

Amount of Each Receipt this Period 5.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 755.00

**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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Marc A. Lederman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W. Hartford Podiatry Associates  
 2531 Albany Ave.  
 City West Hartford State CT Zip Code 06117-2308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer W. Hartford Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A4ED7BF0570AF4165919**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Laura R. Lefkowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9735 Wilshire Blvd. #226  
 City Beverly Hills State CA Zip Code 90212-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A263A4EA508AE48D79B9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Marc D. Lenet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5508 Belair Rd.  
 City Baltimore State MD Zip Code 21206-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : AA1A233DD9C6246C0B2C**  
 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 25 OF 42
	<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 P. Leonetti**  
Full Name (Last, First, Middle Initial)

Mailing Address 4045 E. Bell Rd. #121

City Phoenix State AZ Zip Code 85032-2238

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AC54A4C74DC7442FEBD6**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. Eric E. Leonheart**  
Full Name (Last, First, Middle Initial)

Mailing Address Valley Podiatric Clinic  
10555 S.E. Carr Rd.

City Renton State WA Zip Code 98055

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

Name of Employer Valley Podiatry Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AD65F8BCAE2014D04853**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. 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 ▼ 249.99

Date of Receipt 03 / 21 / 2016  
**Transaction ID : AFCE7456FF1F14E1C90B**

Amount of Each Receipt this Period 83.33

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1383.33

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

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

**A. Dr. Patricia A. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52303 Emmons Rd. #30  
 City South Bend State IN Zip Code 46637-4288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2016  
**Transaction ID : A75E088149E164020A49**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2016  
**Transaction ID : A1B7494F032984261AA7**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Eugene L. Nassif Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 Blairs Ferry Rd.  
 City Marion State IA Zip Code 52302-3016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : A099DA1EA0E4946F0907**  
 Amount of Each Receipt this Period  
 300.00  
 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 29 OF 42
	<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. George Michael Nassoor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Memorial Pkwy.  
 City Phillipsburg State NJ Zip Code 08865-1573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2016  
**Transaction ID : ADE3B6E690B7D43EEAD6**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Kathleen Toepp Neuhoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Footcare Clinic  
 727 E. Jefferson Blvd.  
 City South Bend State IN Zip Code 46617-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Footcare 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  
 03 / 11 / 2016  
**Transaction ID : AF7E3C3B01BE9409F871**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. William J. O'Neill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Carolina Foot Care Associates  
 1711 Davie Ave.  
 City Statesville State NC Zip Code 28677-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Foot Care Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : A0879E44DE86240269BE**  
 Amount of Each Receipt this Period  
 300.00  
 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 31 OF 42
	<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 E. Pinker**  
Full Name (Last, First, Middle Initial)

Mailing Address Pinker & Associates  
47 Brookwood Ave.

City Carlisle State PA Zip Code 17015-9126

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

Name of Employer Pinker & Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 19 / 2016  
Transaction ID : **A5F04E9812F5E4E0E811**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Dr. Kari E. Prescott**  
Full Name (Last, First, Middle Initial)

Mailing Address 825 Nicollet Mall #441

City Minneapolis State MN Zip Code 55402-2611

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 19 / 2016  
Transaction ID : **A589ADBB03EC74F1997D**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. Helena Anne Reid**  
Full Name (Last, First, Middle Initial)

Mailing Address 840 35th Ave. Pl. #102

City Moline State IL Zip Code 61265-8026

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 14 / 2016  
Transaction ID : **A4DE0D47D167A49BB9E0**

Amount of Each Receipt this Period  
1000.00

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 32 OF 42
	<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. Eric K. Riley**  
Full Name (Last, First, Middle Initial)

Mailing Address Sterling Rock Falls Clinic  
101 E. Miller Rd.

City Sterling State IL Zip Code 61081

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2016  
**Transaction ID : AAFED397A486A4D3F9FF**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. Christian A. Robertozzi**  
Full Name (Last, First, Middle Initial)

Mailing Address The Norman Silbert Medical Arts Bldg  
222 High St. #201

City Newton State NJ Zip Code 07860-9604

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AD32DDBA2F3F4463BA3A**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Dr. Francis John Rottier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2160 S. 1st Ave.

City Maywood State IL Zip Code 60153-3328

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2016  
**Transaction ID : A33536A7458F74F14854**

Amount of Each Receipt this Period 500.00

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 34 OF 42
	<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. Barry M. Schulman**

Full Name (Last, First, Middle Initial)  
Mailing Address My Foot Doctor  
106 Stuart Rd.

City Cleveland State TN Zip Code 37312-4803

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

Name of Employer My Foot Doctor Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 19 / 2016  
**Transaction ID : AD3459D3EFB11422FAC1**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Christopher A. Seda**

Full Name (Last, First, Middle Initial)  
Mailing Address 840 Helen Dr. #1

City Lebanon State PA Zip Code 17042-7456

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : A97F77F47F2214C2D842**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. Richard Sikora**

Full Name (Last, First, Middle Initial)  
Mailing Address The Triad Foot Center  
2706 St. Jude St.

City Greensboro State NC Zip Code 27405

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

Name of Employer The Triad Foot Center Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 30 / 2016  
**Transaction ID : AA6A2F9C295654A8ABC8**

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 35 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **03 / 19 / 2016**  
**Transaction ID : ADC1100B8EDB0447BCC**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Dr. Carolyn Kay Stansberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Queen City Regional Medical Ctr. 1420 N. 10th St.  
 City Spearfish State SD Zip Code 57783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Queen City Medical Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2016**  
**Transaction ID : AE4B61934DA764C0D927**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

Date of Receipt **03 / 20 / 2016**  
**Transaction ID : A78E70A7DD7DB4BFFAEC**  
 Amount of Each Receipt this Period **300.00**  
 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 42
	<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. Alyssa Kay Stephenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1093 Spring Lake Dr.  
 City Fond Du Lac State WI Zip Code 54935-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Clinics of WI Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A6888EFAF1F774BFA85F**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Kathleen M. Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Thunderbird Footcare  
 5605 W. Eugie Ave. #102  
 City Glendale State AZ Zip Code 85304-1273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thunderbird Footcare Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A1BD532BEDB2C4DA88AC**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A3212A070A9044566931**  
 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 37 OF 42
	<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 H. Theodoulou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Puritan Dr.  
 City Bedford State NH Zip Code 03110-6045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHAPO Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2016  
**Transaction ID : A5B70F24F9B5142EE9A5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Trenton Dale Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2925 Middlesex Dr.  
 City Oklahoma City State OK Zip Code 73120-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : A401D8380497047F4B9A**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

Date of Receipt 03 / 19 / 2016  
**Transaction ID : AF43BA410E4D54B469B2**  
 Amount of Each Receipt this Period 500.00  
 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 38 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Stephen C. Wan**  
Full Name (Last, First, Middle Initial)

Mailing Address W. Torrance Podiatrists Group  
3400 Lomita Blvd. #403

City Torrance State CA Zip Code 90505

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

Name of Employer Occupation  
Self Employed Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 19 / 2016  
**Transaction ID : A73B9F67B217940468C1**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Barry E. Wesselowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 N. 6th St., P.O. Box 372

City Independence State KS Zip Code 67301-0372

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 19 / 2016  
**Transaction ID : AA763167C454B4CF6B04**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. Billy B. Westbrook**  
Full Name (Last, First, Middle Initial)

Mailing Address 2828 N. 4th St.

City Longview State TX Zip Code 75605-5718

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  
03 / 28 / 2016  
**Transaction ID : A9123F9E7955D4F83B01**

Amount of Each Receipt this Period  
300.00

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 39 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Kenneth R. Wilhelm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13902 Clear Spring Ln.  
 City Clifton State VA Zip Code 20124-2432  
 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 03 / 20 / 2016  
**Transaction ID : A77B7C4C1A1404FE6B10**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Karen L. Wrubel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13624 Hawthorne Blvd. #206  
 City Hawthorne State CA Zip Code 90250-5818  
 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 03 / 20 / 2016  
**Transaction ID : A77F88447B8924E94856**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. David Alan Yeager**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address KSB Medical Group/Foot & Ankle Cen  
 215 E. 1st St. #310  
 City Dixon State IL Zip Code 61021-3190  
 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 1000.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : A19C588519CF6446EB04**  
 Amount of Each Receipt this Period 1000.00  
 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: PAGE 40 OF 42  
(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. Gregg K. Young**

Mailing Address Salt Lake City V.A.M.C.  
500 Foothill Blvd. #112, Pod. Dept

City Salt Lake City State UT Zip Code 84148-0001

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

Name of Employer Salt Lake City V.A.M.C. Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2016

**Transaction ID : A445AD65E7901461D88E**

Amount of Each Receipt this Period  
250.00

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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40930.33

**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. Ryan For Congress**

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement

Candidate Name

**Rep. Paul D. Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

**Transaction ID : B7DDD807DDE2B4A57B00**

Amount of Each Disbursement this Period

5000.00
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Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

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

5000.00
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5000.00
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# 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Ms. Rona W. Law**

Mailing Address 3704 Florida Ct. #C

City State Zip Code  
Great Lakes IL 60088-1424

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2016

Transaction ID : B5A1A184F3F8647C3AB9

Amount of Each Disbursement this Period

150.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

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

Amount of Each Disbursement this Period

--

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

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

Amount of Each Disbursement this Period

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Memo Item

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

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

150.00
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150.00
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