

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road

Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. **FEC IDENTIFICATION NUMBER ▼** C C00008839 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)     May 20 (M5)     Aug 20 (M8)     Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)     Jun 20 (M6)     Sep 20 (M9)     Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)     Jul 20 (M7)     Oct 20 (M10)     Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:
- Primary (12P)     General (12G)     Runoff (12R)
  - Convention (12C)     Special (12S)

Election on    /    /    in the State of   

- (d) 30-Day **POST-Election** Report for the:
- General (30G)     Runoff (30R)     Special (30S)

Election on    /    /    in the State of   

5. Covering Period   08   /   01   /   2016   through   08   /   31   /   2016  

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Randy K. Kaplan

Signature of Treasurer Dr. Randy K. Kaplan *[Electronically Filed]* Date   09   /   14   /   2016  

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="426633.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="586681.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12202.33"/>	<input type="text" value="321500.64"/>
(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="598884.21"/>	<input type="text" value="748134.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000.00"/>	<input type="text" value="169250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="578884.21"/>	<input type="text" value="578884.21"/>
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:  /  /

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).....	6788.33	199728.98
(ii) Unitemized .....	5414.00	121771.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12202.33	321500.64
(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) .....	12202.33	321500.64
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))..... ▶	12202.33	321500.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12202.33	321500.64

**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.....	20000.00	169100.00
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)) ..	20000.00	169250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	169250.00

**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) .....	12202.33	321500.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12202.33	321350.64
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dr. Animesh S. Bhatia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Lazelle Rd. E #B  
 City Columbus State OH Zip Code 43235-8605  
 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 **08 / 15 / 2016**  
**Transaction ID : A3434E0AE1665438DB43**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Dr. Jaclyn J. Bohm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Fairview Rosemount Clinic 15075 Cinarron Ave.  
 City Rosemount State MN Zip Code 55068-1635  
 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 **08 / 09 / 2016**  
**Transaction ID : A0EA53F0B27B94013B29**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. 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 **400.00**

Date of Receipt **08 / 09 / 2016**  
**Transaction ID : A88E71EB5001244E3B42**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</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 21
	<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. James Mark Bruyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5770 Calder Ave.  
 City Beaumont State TX Zip Code 77706-6306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaumont Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : A10DCEEFF0CD84ABAB7!**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 ▼ 800.00

Date of Receipt 08 / 24 / 2016  
**Transaction ID : AC1A7E207F17B44E69A6**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 400.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : A155172564AB0428EAA4**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<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 21
	<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. 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 ▼  
425.00

Date of Receipt  
08 / 26 / 2016  
**Transaction ID : AF69EE85ABD90428DABE**

Amount of Each Receipt this Period  
25.00

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 ▼  
450.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A07529677A6B140B895D**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Dr. Dennis J. Chubinski**

Full Name (Last, First, Middle Initial)  
Mailing Address Inverness Foot Clinic  
8028 Carnegie Blvd. #400

City Fort Wayne State IN Zip Code 46804-5788

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

Name of Employer Inverness Foot Clinic  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
08 / 19 / 2016  
**Transaction ID : AA542D48DD7164C1B861**

Amount of Each Receipt this Period  
300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 21
	(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. Windy Elaine Cole**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1533 S. Water St.  
City Kent State OH Zip Code 44240-4471  
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 08 / 18 / 2016  
**Transaction ID : A6776767E81F44F29874**  
Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Stuart A. Courtney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1250 E. Hallandale Beach Blvd. #10  
City Hallandale State FL Zip Code 33009-4636  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 750.00

Date of Receipt 08 / 10 / 2016  
**Transaction ID : A83C85A30C8B44D81B1D**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. William H. Dabdoub**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108A Smart Pl.  
City Slidell State LA Zip Code 70458-2040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2050.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : A61ACDB75F34C42A6959**  
Amount of Each Receipt this Period 150.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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 C. D'Amico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 W. 57th St.  
 City New York State NY Zip Code 10019-3159  
 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 08 / 05 / 2016  
**Transaction ID : AB86D5B7AAA5E48E6815**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Imaze Marian Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1190 N.W. 95th St. #108  
 City Miami State FL Zip Code 33150-2064  
 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 08 / 31 / 2016  
**Transaction ID : A6596F25174DD4AC1BE7**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Dr. Efren DeLaRosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 W. Castellano Dr.  
 City El Paso State TX Zip Code 79912-6119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed/Foot Institute Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 08 / 10 / 2016  
**Transaction ID : A89296C13CEB24CA3871**  
 Amount of Each Receipt this Period 150.00  
 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 11 OF 21
<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. 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)  Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : A7D1571B77E53407C9A5**  
Amount of Each Receipt this Period **200.00**  
 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 **350.00**

Date of Receipt **08 / 29 / 2016**  
**Transaction ID : AFB1B33CB07834C55BBF**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Dr. Robert Frimmel**  
Full Name (Last, First, Middle Initial)  
Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106  
City Sarasota State FL Zip Code 34239-2941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sarasota Footcare Center Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 07 / 2016**  
**Transaction ID : A4624F3A447F7480CB29**  
Amount of Each Receipt this Period **30.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>280.00</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 12 OF 21
<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. Armando Gonzalez Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 156 Corliss Ave. #402

City Johnson City State NY Zip Code 13790-2071

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

Name of Employer United Health Services Hospital Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : AF20CC996165C4B5DBA4**

Amount of Each Receipt this Period 75.00

Memo Item

**B. Dr. Tyson E. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605-5362

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 ▼ 1600.00

Date of Receipt 08 / 20 / 2016  
**Transaction ID : AD60D9DCF5C554F72AFB**

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 727 E. Court St.

City Paris State IL Zip Code 61944-2460

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 08 / 24 / 2016  
**Transaction ID : A01F40898A05F4978991**

Amount of Each Receipt this Period 50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<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. George Michael Johnson Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Medical Center Podiatry, P.C.  
 P.O. Box 8407  
 City State Zip Code  
 Mobile AL 36689-0407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Center Podiatry, P.C. 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  
 08 / 26 / 2016  
**Transaction ID : AC99F1BC22BAF48CFA28**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Terrence Klamet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MO Foot Care Centers, Inc.  
 1705 Christy Dr. #209  
 City State Zip Code  
 Jefferson City MO 65101  
 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 / D D / Y Y Y Y Y Y  
 08 / 15 / 2016  
**Transaction ID : AFCC3EC33CAA24AD2A1E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Eugene R. Kubitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3918 Deerpath Dr.  
 City State Zip Code  
 Sandusky OH 44870-6084  
 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  
 08 / 11 / 2016  
**Transaction ID : AC55D4830684644CBA06**  
 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 14 OF 21
	<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 Andrew Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pensacola Foot & Ankle Center  
 4850 N. 9th Ave.  
 City Pensacola State FL Zip Code 32503-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 20 / 2016  
**Transaction ID : A7B40236D4A274049A86**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 666.64

Date of Receipt 08 / 16 / 2016  
**Transaction ID : A1BF2B703AC25496CBFB**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Dr. Karl Joseph Mangold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2825 Fort Missoula Rd. #106  
 City Missoula State MT Zip Code 59804-7403  
 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 ▼ 225.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A07789D55532F4ACD968**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.33  
**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 15 OF 21
<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. Kevin C. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Care  
 1022 Lee Ann Dr. N.E.  
 City Concord State NC Zip Code 28025-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Care, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **08 / 29 / 2016**  
**Transaction ID : A973B3254B6EB46BEBA7**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Dr. Kevin C. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Care  
 1022 Lee Ann Dr. N.E.  
 City Concord State NC Zip Code 28025-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Care, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **625.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AAE0251F6A34A47B1B11**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Dr. Briant G. Moyles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Melbourne Podiatry Associates  
 211 E. New Haven Ave.  
 City Melbourne State FL Zip Code 32901-4503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Melbourne Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : A4B908C8768E347CD914**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>675.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
<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. Martin M. Pressman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Milford Podiatry Associates  
 32 Cherry St.  
 City Milford State CT Zip Code 06460-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milford Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A9B8A0AF0AD844CDBAB**  
 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 ▼ 350.00

Date of Receipt 08 / 10 / 2016  
**Transaction ID : ACC13D970932D477FBAD**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 400.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : A816A7665CE8C4324BFB**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 21
	<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. Marisha I. Stawiski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Spectrum Health Medical Group  
 4100 Lake Dr. S.E. #305  
 City Grand Rapids State MI Zip Code 49546-8292  
 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  
 08 / 26 / 2016  
**Transaction ID : A6338A832619E420FBA2**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Michael B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 68th Pl.  
 City Kenosha State WI Zip Code 53143-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016  
**Transaction ID : A16C0755E4EAC4AD5806**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Dr. Steven M. Waldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address New Berlin Foot Specialists  
 3610 Michelle Witmer Memorial Dr.  
 City New Berlin State WI Zip Code 53151-5292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Berlin Foot Specialists  
 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  
 08 / 15 / 2016  
**Transaction ID : AFE2D3040D10B4E8591E**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<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 21
	<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. 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 ▼  
400.00

Date of Receipt  
08 / 07 / 2016  
**Transaction ID : AC52BE0EF87974009BEA**

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 ▼  
450.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A7021F7C40E4443A8B28**

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 ▼  
400.00

Date of Receipt  
08 / 07 / 2016  
**Transaction ID : ACD72F22A9E7741CC95D**

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).....▶	6788.33

**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. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2016

**Transaction ID : BDD517F608F2244079D8**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUMENTHAL FOR SENATE**

Mailing Address C/O CACACE TUSCH & SANTAGATA  
777 SUMMER ST SUITE 103

City State Zip Code  
STAMFORD CT 06901

Purpose of Disbursement

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

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

**Transaction ID : BD4DA152EF45F4C00B07**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. DR. MATT HEINZ FOR ARIZONA**

Mailing Address P.O. BOX 57698

City State Zip Code  
Tucson AZ 85732-7698

Purpose of Disbursement

Candidate Name

**Matthew Gerald Heinz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

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

**Transaction ID : B42E64646B38C4E9BBA2**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

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

11000.00
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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 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. Ed Royce For Congress**

Mailing Address P.O. Box 2525

City State Zip Code  
Orange CA 92859

Purpose of Disbursement

Candidate Name

**Rep. Ed R. Royce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

**Transaction ID : BAC73149BA44D418BA96**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City State Zip Code  
Oregon City OR 97045

Purpose of Disbursement

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

**Transaction ID : BA281B1704D1B4D9F855**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOU CORREA FOR CONGRESS**

Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City State Zip Code  
SAN MARCOS CA 92079

Purpose of Disbursement

Candidate Name

**Jose Luis Correa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

**Transaction ID : BDAC9400B507C479795C**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

**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. Mark Pocan For Congress**

Mailing Address 309 N Baldwin St

City Madison State WI Zip Code 53703

Purpose of Disbursement

Candidate Name

**Rep. Mark Pocan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

**Transaction ID : B32EFF0D0549D4819A3B**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RUSS FOR WISCONSIN**

Mailing Address PO BOX 620061

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement

Candidate Name

**Russell Dana Feingold**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

**Transaction ID : B6516B3F26FF24C56836**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

Candidate Name

**Sen. Tammy Baldwin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

**Transaction ID : B6E4BA982A57E44828C6**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

20000.00