

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 Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2018 through 11 / 26 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Simon, Janet, , Dr., Type or Print Name of Treasurer

Signature of Treasurer Simon, Janet, , Dr., [Electronically Filed] Date 12 / 06 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		444296.26
(b) Cash on Hand at Beginning of Reporting Period.....	270923.40	
(c) Total Receipts (from Line 19)	34104.83	337831.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	305028.23	782128.23
7. Total Disbursements (from Line 31).....	- 5000.00	472100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	310028.23	310028.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22148.83	226100.97
(ii) Unitemized	11956.00	111731.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34104.83	337831.97
(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)	34104.83	337831.97
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)).....▶	34104.83	337831.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34104.83	337831.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	471500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	600.00
(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	600.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	- 5000.00	472100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 5000.00	472100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	34104.83	337831.97
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34104.83	337231.97
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 37
	<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. Aelony, Jared, Sundvisson, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18225 Sunshine Dr.
 City Detroit Lakes State MN Zip Code 56501-7947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 11 / 09 / 2018
Transaction ID : A58A200A494CD44F7A12
 Amount of Each Receipt this Period 535.00
 Memo Item

B. Ajlouny, Martha, Jullie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greensboro Podiatry Associates, P. 530 N. Elam Ave. #A
 City Greensboro State NC Zip Code 27403-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Instride Greensboro Podiatry Associate Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 11 / 2018
Transaction ID : AF17BBD476D7F4448BB0
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Alexander, Neville, Anthony, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Aston Hall Way
 City Alpharetta State GA Zip Code 30022-6634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2018
Transaction ID : AA6A34FC61BA54140923
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	590.00
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 7 OF 37
<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. Alexander, Neville, Anthony, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 Aston Hall Way

City Alpharetta	State GA	Zip Code 30022-6634
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2018

Transaction ID : A2939BA47EB24445680F

Amount of Each Receipt this Period
25.00

Memo Item

B. Alston, Johnnie, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Institute for Advanced Wound Care
2167 Normandie Dr.

City Montgomery	State AL	Zip Code 36111-2728
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11	/	15	/	2018

Transaction ID : AB01DCA34CB474E21A46

Amount of Each Receipt this Period
250.00

Memo Item

C. Basile, Philip, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 725 Concord Ave. #3600

City Cambridge	State MA	Zip Code 02138-1082
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Crimson Foot & ankle Specialists	Occupation (for Individual) Podiatric Physician
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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
10	/	21	/	2018

Transaction ID : A8D3F5D754CD6432CAAC

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
<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. Blackwell, Kendall, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Wilson Podiatry Associates
 1704 Glendale Dr. #A
 City Wilson State NC Zip Code 27893-4679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Instride Wilson Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2018
Transaction ID : A03BB9B4CC80A4584BD5
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bocko, Alan, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Chapel Hill Foot & Ankle Assoc.
 1506 E. Franklin St. #104
 City Chapel Hill State NC Zip Code 27514-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chapel Hill Foot & Ankle Assoc. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2018
Transaction ID : A185AD8ECE0264A55B88
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bostanche, John, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6123 Green Bay Rd. #100
 City Kenosha State WI Zip Code 53142-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2018
Transaction ID : A9D6B2982D75243589E9
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
<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. Brown, H., F., Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Georgia Ave.

City Little Rock	State AR	Zip Code 72207-5014
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2018

Transaction ID : AB19B1EF167014E4E99C

Amount of Each Receipt this Period
50.00

Memo Item

B. Burtoft, Teresa, Jean, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot Health Center of Merrimack Va
451 Andover St. #209

City North Andover	State MA	Zip Code 01845
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot Health Center of Merrimack Valley	Occupation (for Individual) Podiatric Physician
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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
10	/	21	/	2018

Transaction ID : A397B4963F92E431DA9C

Amount of Each Receipt this Period
500.00

Memo Item

C. Chisholm, John, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 F St. #100

City Chula Vista	State CA	Zip Code 91910-2632
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
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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
11	/	19	/	2018

Transaction ID : A993C11E116514A6BB61

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 10 OF 37
<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. Collier, M., Diane, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Alabama South Family Podiatry
 204 Luds Way
 City Dothan State AL Zip Code 36303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alabama South Family Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 26 / 2018
Transaction ID : AC6D781E521404E23805
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Cook, Christopher, Otto, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 E. Main St. #A
 City Montrose State CO Zip Code 81401-3848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2018
Transaction ID : A24A736235F6F435F884
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108A Smart Pl.
 City Slidell State LA Zip Code 70458-2075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 17 / 2018
Transaction ID : A00A05A7579A547B8982
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 37
	<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. de los Reyes, Odin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Pomperaug Office Park #107

City Southbury	State CT	Zip Code 06488-2295
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2018

Transaction ID : A3372291516A54EB49EA

Amount of Each Receipt this Period
350.00

Memo Item

B. DOYLE, Robert, Jeffrey, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6550 Naaman Forest Blvd. #200

City Garland	State TX	Zip Code 75044-5691
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2018

Transaction ID : A3BFFB2485FAF4A8984D

Amount of Each Receipt this Period
250.00

Memo Item

C. Feldman, Alan, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2499 Main St.

City Stratford	State CT	Zip Code 06615-5843
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2018

Transaction ID : A76F2B6D29646433A806

Amount of Each Receipt this Period
100.00

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 12 OF 37
	<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. Filipek, Richard, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Van Bussum Ave.

City Garfield	State NJ	Zip Code 07026-2060
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11 / 02 / 2018

Transaction ID : A69CD33ADB662472F844

Amount of Each Receipt this Period

300.00

 Memo Item

B. FITTERER, THOMAS, T., Dr., DPM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4657 E. Talmadge Dr.

City San Diego	State CA	Zip Code 92116-4829
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11 / 05 / 2018

Transaction ID : ADB9C76DAAB384FEC953

Amount of Each Receipt this Period

100.00

 Memo Item

C. Fitzpatrick, William, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7700 Menaul Blvd. N.E. #D

City Albuquerque	State NM	Zip Code 87110-4639
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2018

Transaction ID : A6A7407333DAA416D91B

Amount of Each Receipt this Period

150.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
<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. Florek, Derek, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2914 W. Main St.

City Visalia	State CA	Zip Code 93291-5731
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
11	/	14	/	2018

Transaction ID : AF0508E8A45274603A76

Amount of Each Receipt this Period
300.00

Memo Item

B. Fradette, Brian, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Tsienneto Rd. #303

City Derry	State NH	Zip Code 03038-1584
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11	/	26	/	2018

Transaction ID : A9540960404B9405EA28

Amount of Each Receipt this Period
150.00

Memo Item

C. Frimmel, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Sarasota Footcare Center	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2018

Transaction ID : A917F412A0CB84E7E99C

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<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. Garibaldi, Dominick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Associates
2 Chamberlain Ave. #2

City Winthrop State MA Zip Code 02152-1021

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

Name of Employer (for Individual) Foot & Ankle Associates Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2018
Transaction ID : A203948B0173F4E1EB81

Amount of Each Receipt this Period 300.00

Memo Item

B. Garrow, Shelly, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4670 Babcock St. N.E. #1

City Palm Bay State FL Zip Code 32905-2841

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 24 / 2018
Transaction ID : AEA64D69F6FDB4CC485B

Amount of Each Receipt this Period 25.00

Memo Item

C. Giardina, Vito, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 Wilkens Ave.

City Baltimore State MD Zip Code 21229-4848

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 07 / 2018
Transaction ID : A17B4F75DFF66430BA3A

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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 37
<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. Graff, Jeremiah, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Graff Foot & Ankle Wound Care**
 2633 Dallas Pkwy. #100
 City **Plano** State **TX** Zip Code **75093-4715**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Self-Employed** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : A9736B91DB820439483B
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Green, Tyson, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Imperial Health - Ctr. for Orthopa**
 1747 Imperial Blvd.
 City **Lake Charles** State **LA** Zip Code **70605**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Imperial Health - Center for Orthopaed** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **10 / 20 / 2018**
Transaction ID : A37EF3D01D95C4E31927
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Green, Tyson, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Imperial Health - Ctr. for Orthopa**
 1747 Imperial Blvd.
 City **Lake Charles** State **LA** Zip Code **70605**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Imperial Health - Center for Orthopaed** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt **11 / 20 / 2018**
Transaction ID : AA0F4E629DFC143528E6
 Amount of Each Receipt this Period **100.00**
 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 16 OF 37
<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. Greiner, D., Charles, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 802 Washington St.

City Portsmouth	State OH	Zip Code 45662-3943
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11	/	26	/	2018

Transaction ID : ABDEAEDFCD9334F40A77

Amount of Each Receipt this Period
500.00

Memo Item

B. Grizzaffi, Jeffery, Ryan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 W. St. Mary Blvd. #106

City Lafayette	State LA	Zip Code 70506-3560
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2018

Transaction ID : A1EAC4A9576C74904858

Amount of Each Receipt this Period
100.00

Memo Item

C. Hamilos, David, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1005 Friar Tuck Rd.

City Johnson City	State TN	Zip Code 37604-3709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
262.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2018

Transaction ID : AE111BC42F2CA44739C8

Amount of Each Receipt this Period
112.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	712.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<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. Harwood, Brent, Martin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Southeast Podiatry
 23937 U.S. Hwy. 98 #1
 City Fairhope State AL Zip Code 36532-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 22 / 2018**
Transaction ID : A8485CB3BB6FB4D3FBD1
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hewlett, Howard, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19302 Jerrilyn Ln.
 City Huntington Beach State CA Zip Code 92646-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambridge Foot & Ankle Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.84

Date of Receipt **11 / 14 / 2018**
Transaction ID : A643C778429D7473CBF4
 Amount of Each Receipt this Period 121.00
 Memo Item

C. Hodson, Sean, Charles, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address White Sands Podiatry
 981 Hwy. 98 E #3410
 City Destin State FL Zip Code 32541-2584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 21 / 2018**
Transaction ID : A2E02C3ED990A4E559C8
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1621.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<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. Holton, Kevin, Scott, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Jasmine Ct.
 City Saint Cloud State MN Zip Code 56301-9467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2018
Transaction ID : AACCA56CB35BC43BEA8
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hovancsek, Robert, Louis, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 Simpson Ave.
 City Aberdeen State WA Zip Code 98520-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 14 / 2018
Transaction ID : A26521E17AFD14C35A92
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Huff, Daniel, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 E. 2500 N.
 City North Logan State UT Zip Code 84341-5818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2018
Transaction ID : ADFA19E06DB354F95B95
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 37
<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. Ivey, Nathan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address NM Foot & Ankle Institute
 4343 Pan American Fwy. N.E. #234
 City Albuquerque State NM Zip Code 87107-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Mexico Foot & Ankle Institute Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : ABB463EA484EA4D7F920
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Jacobs, Harvey, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Quality Foot Care Center
 25 Clyde Rd. #101
 City Somerset State NJ Zip Code 08873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quality Foot Care Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 14 / 2018**
Transaction ID : AB2EE31CBA3AA46B68BC
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Jorgensen, Scott, Frederick, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5920 Mt. Normandale Dr.
 City Bloomington State MN Zip Code 55438-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : A6905E0B17EC242A3A61
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 37
	<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. Kalthoff, Katherine, Louise, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7601 Hospital Dr. #104A

City Sacramento	State CA	Zip Code 95823-5408
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
 11 / 19 / 2018

Transaction ID : A1EEB622FC91C409A84E

Amount of Each Receipt this Period
150.00

Memo Item

B. Karpo, Harvey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 649 N. Broad St.

City Woodbury	State NJ	Zip Code 08096-1621
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2018

Transaction ID : A337D9370377741BEAA8

Amount of Each Receipt this Period
187.50

Memo Item

C. Koshimune, Diane, Miye, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Kaiser Permanente - San Jose
 270 International Cir. POD. DEPT.

City San Jose	State CA	Zip Code 95119-1130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2018

Transaction ID : AB7B2D3D58AEE4EA2977

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	362.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<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. Ky, Trung, Quang, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6755 Towering Ridge Way #178
 City Cincinnati State OH Zip Code 45247-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : A1FABC473EC244E89B4F
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Lambert, Mark, Andrew, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Pensacola Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1075.00

Date of Receipt **10 / 20 / 2018**
Transaction ID : AF1E20756FFF54BBBAAB
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lambert, Mark, Andrew, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Pensacola Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1175.00

Date of Receipt **11 / 20 / 2018**
Transaction ID : AAC71F4BA0BFE4A9DAA2
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 22 OF 37
	<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. Lamontagne, Denis, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1808 New Boston Rd.
 City Saint Johnsbury State VT Zip Code 05819-8796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 19 / 2018**
Transaction ID : A9A595306FD65429CB2E
 Amount of Each Receipt this Period 300.00
 Memo Item

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

Date of Receipt **11 / 20 / 2018**
Transaction ID : AADA7E9D20AFF4AEFBES
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Lockwood, Melissa, Jomarie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt **11 / 16 / 2018**
Transaction ID : AC7C20A11E2974317A89
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	683.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
	<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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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. Luhadiya, Amit, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1036 Guillemot Dr.
 City Silver Spring State MD Zip Code 20906-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Foundation Medical Group, In Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 07 / 2018**
Transaction ID : A4AAA0F9559E74879AD0
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Margolis, Scott, Eric, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17215 Red Oak Dr. #102
 City Houston State TX Zip Code 77090-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 18 / 2018**
Transaction ID : AE90042F9FE3247869D9
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Margolis, Scott, Eric, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17215 Red Oak Dr. #102
 City Houston State TX Zip Code 77090-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 18 / 2018**
Transaction ID : AE740381804084D34BEF
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 24 OF 37
	<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. McKenna, Pam, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address McKenna Management, Inc.
 4 Lan Dr. #310
 City Westford State MA Zip Code 01886-3576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS FOOT & ANKLE SOCIETY, IN Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2018**
Transaction ID : AEC0B9EC8B1104E2C857
 Amount of Each Receipt this Period 250.00
 Memo Item

B. McLean, Starlette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 High St. #C
 City Selma State CA Zip Code 93662-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 14 / 2018**
Transaction ID : AA03C8A91A65B472EA06
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Moore, Jonathan, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cumberland Foot & Ankle Center
 117 Tradepark Dr.
 City Somerset State KY Zip Code 42503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cumberland Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 26 / 2018**
Transaction ID : AE7B976E708364A50862
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 25 OF 37
<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. Morgan, Craig, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3535 Lebon Dr. #3204
 City San Diego State CA Zip Code 92122-4597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Bay Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2018
Transaction ID : A6B95965C0D8A4D1C9A1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Moskowitz, Nancy, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 Broadway #2
 City Hastings On Hudson State NY Zip Code 10706-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 24 / 2018
Transaction ID : AE6417CA1796248BBA2C
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Moss, David, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27501 W. Warren Rd.
 City Garden City State MI Zip Code 48135-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 06 / 2018
Transaction ID : A1BAB3D1A6B0E44EDBD
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<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. Neville, Scott, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13822 Honey Creek Ln. W.

City Camby	State IN	Zip Code 46113-8776
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A3F6860A7F70740DBBD3

Amount of Each Receipt this Period
20.00

Memo Item

B. Oliver, William, K., Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greater Lafayette Foot Care
1345 Unity Pl. #225

City Lafayette	State IN	Zip Code 47905-5762
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greater Lafayette Foot Care	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2018

Transaction ID : A5AE5915BFD20403DAFC

Amount of Each Receipt this Period
200.00

Memo Item

C. Paul, Gerald, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3304 Carrington Ln.

City Bloomington	State IL	Zip Code 61704
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2018

Transaction ID : A4F84FC5A9282487F85B

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	520.00
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 27 OF 37
	<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. Potter, Brooks, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Tanner Clinic
 2121 N. 1700 W.
 City Layton State UT Zip Code 84041-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tanner Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 11 / 21 / 2018
Transaction ID : A7C8EB50C216B41E2BF5
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Prescott, Kari, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 09 / 2018
Transaction ID : ADE0422C604EA4A5B8B7
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ramirez, Lenny, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Bryan Ct.
 City Wayne State NJ Zip Code 07470-6259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 08 / 2018
Transaction ID : AB2FEC4EA7225478AA46
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<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. Raynor, Sandra, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Podiatry Associates of IN PC
5471 Georgetown Rd. #C

City Indianapolis	State IN	Zip Code 46254-5794
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Podiatry Associates of IN	Occupation (for Individual) 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
10	/	23	/	2018

Transaction ID : AA032E42559D34C18954

Amount of Each Receipt this Period
1000.00

Memo Item

B. Reeves, Jerome, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dr. Jerome E. Reeves, P.C.
20507 Hillside Ave. #15

City Hollis	State NY	Zip Code 11423
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dr. Jerome E. Reeves, P.C.	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2018

Transaction ID : A07416490713C467C917

Amount of Each Receipt this Period
300.00

Memo Item

C. Reid, Michael, Alan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8740 Stillwater Blvd. N.

City Lake Elmo	State MN	Zip Code 55042-9430
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11	/	09	/	2018

Transaction ID : A18A0D8A1FA2C45B9B72

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
	<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. Riznyk, Peter, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Southtowns Foot Care
 6272 W. Quaker Rd.

City Orchard Park State NY Zip Code 14127-2644

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

Name of Employer (for Individual) Southtowns Foot Care Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2018
Transaction ID : A091FE27E1B1341BC93E

Amount of Each Receipt this Period 150.00

Memo Item

B. Roach, Ricky, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot Specialist of S. MS
 999 N. Halstead Rd.

City Ocean Springs State MS Zip Code 39564-3105

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

Name of Employer (for Individual) Foot Specialist of S. MS Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 14 / 2018
Transaction ID : AA3DDBEB943464946AF5

Amount of Each Receipt this Period 300.00

Memo Item

C. Rubinstein, Greg, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Grange Rd.

City Teaneck State NJ Zip Code 07666-4409

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 21 / 2018
Transaction ID : AC0EBEDBF44F243E7895

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 30 OF 37
<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. Seiler, Richard, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Holland Foot & Ankle Center**
 904 Washington Ave. #130
 City **Holland** State **MI** Zip Code **49423**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Holland foot & ankle** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 23 / 2018**
Transaction ID : AE5C399A2BFFE406DAEF
 Amount of Each Receipt this Period **150.00**
 Memo Item

B. Shoumer, Albert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **71 Shipping Pl.**
 City **Dundalk** State **MD** Zip Code **21222-4320**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Self-Employed** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 16 / 2018**
Transaction ID : A88F0E14145F440B187B
 Amount of Each Receipt this Period **150.00**
 Memo Item

C. Simeone, Louis, Robert, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Louis R. Simeone, DPM, Ltd.**
 1180 Smith St.
 City **Providence** State **RI** Zip Code **02908-2034**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Louis R. Simeone, DPM, Ltd.** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : A24E204BCE4F547EDA90
 Amount of Each Receipt this Period **150.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37
	<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. Sink, Cynthia, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10760 W. 143rd St. #60

City Orland Park	State IL	Zip Code 60462-1920
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2018

Transaction ID : A43BE76334E9443E2BF4

Amount of Each Receipt this Period
200.00

Memo Item

B. Solak, Matt, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 W. Market St. #261

City Indianapolis	State IN	Zip Code 46204-2801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Podiatric Medical Assn.	Occupation (for Individual) Executive Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1010.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2018

Transaction ID : AFD92B47EA2A4416B9C6

Amount of Each Receipt this Period
10.00

Memo Item

C. Stacey, Douglas, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Henderson	State NV	Zip Code 89052-4267
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot & Ankle Surgical Group	Occupation (for Individual) 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
11	/	21	/	2018

Transaction ID : A61EC68185CB44C07935

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
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 37
	<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. Stipati, Karla, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6N446 Brierwood Dr.

City Saint Charles	State IL	Zip Code 60175-8322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
10	/	18	/	2018

Transaction ID : A4643E84CEC6E40B68E5

Amount of Each Receipt this Period
500.00

Memo Item

B. Stone, Paul, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Lead King Dr.

City Castle Rock	State CO	Zip Code 80108-8306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Orthopedics & Sports Med.	Occupation (for Individual) 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
11	/	02	/	2018

Transaction ID : A5410EB2811544F77B64

Amount of Each Receipt this Period
250.00

Memo Item

C. Thomajan, Craig, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Austin Foot & Ankle Specialists
5000 Bee Cave Rd. #202

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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

Name of Employer (for Individual) Austin Foot & Ankle Specialists	Occupation (for Individual) 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
10	/	27	/	2018

Transaction ID : A6F58A7A08AF84A2FA6D

Amount of Each Receipt this Period
100.00

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 33 OF 37
<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. Tickner, Anthony, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 482 Salisbury St.

City Holden	State MA	Zip Code 01520-1424
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
10	/	19	/	2018

Transaction ID : A8755FCC65C674965B44

Amount of Each Receipt this Period
500.00

Memo Item

B. Tower, Dyane, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9312 Old Georgetown Rd

City Bethesda	State MD	Zip Code 20814-1621
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Podiatric Medical Association	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2018

Transaction ID : AF363DE5A9E0E492290A

Amount of Each Receipt this Period
100.00

Memo Item

C. Wachter, Steven, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 S. State St.

City New Ulm	State MN	Zip Code 56073-3155
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
11	/	09	/	2018

Transaction ID : A01941C5339BF4E9CB78

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
	<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. Weakland, Sandra, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Baker Ave. Ext. #103
 City Concord State MA Zip Code 01742-2137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MA Associates in Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2018
Transaction ID : AA0A20F4EBAE14AF6BF6
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Williams, Peter, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1303 McCullough Ave. #348
 City San Antonio State TX Zip Code 78212-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2018
Transaction ID : A52A0578813C04F31891
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Woelffer, Kirk, Eliel, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Raleigh Foot & Ankle Center
 P.O. Box 98209
 City Raleigh State NC Zip Code 27624-8209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raleigh Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 05 / 2018
Transaction ID : A4DFC469EEEEAA4E90B91
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 37
	<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. Wunderlich, Christian, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Mid-West Podiatry & Associates**
 141 E. Madison Ave. #100

City **Creve Coeur** State **MO** Zip Code **63141**

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

Name of Employer (for Individual) **Kirkwood Podiatry, Inc.** Occupation (for Individual) **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
11 / 26 / 2018

Transaction ID : A0CC6A0E7E513416F845

Amount of Each Receipt this Period
300.00

Memo Item

B. Zygmunt, Kenneth, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **University Foot & Ankle Specialist**
 552 S. Washington St. #116

City **Naperville** State **IL** Zip Code **60540-6678**

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

Name of Employer (for Individual) **University Foot & Ankle Specialists** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2018

Transaction ID : A0F08ABB5E7CA4AADB96

Amount of Each Receipt this Period
200.00

Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	22148.83

**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"/> 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. Committee To Re-Elect Trent Franks To Congress

Mailing Address PO Box 8105

City
Glendale

State
AZ

Zip Code
85312

Purpose of Disbursement
Voided Check originally sent on 10/3/2018

Candidate Name

Franks, Trent, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C H4AZ04024

Transaction ID : B2C3BE7278

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ed Royce For Congress

Mailing Address P.O. Box 2525

City
Orange

State
CA

Zip Code
92859

Purpose of Disbursement
VOID - 2018 General Election Support

Candidate Name

Royce, Ed, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C H6CA39020

Transaction ID : B7EE6ACFB3

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City
CHESHIRE

State
CT

Zip Code
06410

Purpose of Disbursement
VOID - 2018 General Election Support

Candidate Name

Esty, Elizabeth, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C C00494203

Transaction ID : B05498BB13

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)..... ▶

- 3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

A. FRIENDS OF JOHN DELANEY

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 70835

City BETHESDA State MD Zip Code 20813

Purpose of Disbursement
VOID - 2018 General Election Support

Candidate Name
Delaney, John, K., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 06

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C00508416
Transaction ID : B851B39268:
Amount of Each Disbursement this Period: - 1000.00

Memo Item

B. RYAN COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 89

City Phoenixville State PA Zip Code 19460-0089

Purpose of Disbursement
VOID - 2018 General Election Support

Candidate Name
Costello, Ryan, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C00465633
Transaction ID : BDAD7C1724
Amount of Each Disbursement this Period: - 1000.00

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

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

- 2000.00
- 5000.00