

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 [03] / [01] / [2018] through [03] / [31] / [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 [06] / [08] / [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"/>	<input type="text" value="444296.26"/>	<input type="text" value="444296.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="535524.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="69921.83"/>	<input type="text" value="168150.31"/>
(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="605446.57"/>	<input type="text" value="612446.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="85000.00"/>	<input type="text" value="92000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="520446.57"/>	<input type="text" value="520446.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	46968.83	119971.83
(ii) Unitemized	22953.00	48178.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69921.83	168150.31
(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)	69921.83	168150.31
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)).....▶	69921.83	168150.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	69921.83	168150.31

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	92000.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (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)) ..	85000.00	92000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85000.00	92000.00

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)	69921.83	168150.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69921.83	168150.31
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 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Altwerger, Richard, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Village Medical Arts Complex
 77 Miller Rd. #202

City Castleton On Hudson State NY Zip Code 12033-4040

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2018**
Transaction ID : A1EACC1C2B14E4B24A03

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address Mid MO Foot & Ankle Center
 1210 Homelife Dr., P.O. Box 130

City Rolla State MO Zip Code 65402

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

Name of Employer (for Individual) Mid-Missouri Foot & Ankle Center Occupation (for Individual) Podiatric Physician

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

Date of Receipt **03 / 17 / 2018**
Transaction ID : ABA043F0A205342BEAAA

Amount of Each Receipt this Period 500.00

Memo Item

C. Appel, Lesley, Stuart, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6832 Del Mar Ter.

City Naples State FL Zip Code 34105-5033

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : AE64100374E8A4503B91

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 54
<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. Barth, Lindsay, Dean, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Next Step Foot & Ankle Centers
 3505 College Ave. #B
 City Alton State IL Zip Code 62002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tesson Ferry Foot & Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2018
Transaction ID : AFCEC7CF21BA44F568CE
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Beylin, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 N. Courtenay Pkwy.
 City Merritt Island State FL Zip Code 32953-4127
 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 03 / 12 / 2018
Transaction ID : A7D4F6F370BF8498CA6E
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Birch, Douglas, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Maui Family Footcare
 415 Dairy Rd. #D
 City Kahului State HI Zip Code 96732-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aloha Family Footcare, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2018
Transaction ID : ACA2D66D579364BA88EC
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
	<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. Bohm, Jaclyn, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : AAC1D4332EED049CE8FB

Amount of Each Receipt this Period 300.00

Memo Item

B. Borden, Michael, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Texas Podiatric Medical Associatio
918 Congress Ave. #200

City Austin State TX Zip Code 78701-4527

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

Name of Employer (for Individual) Texas Podiatric Medical Assn. Occupation (for Individual) Information Requested

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

Date of Receipt 03 / 17 / 2018
Transaction ID : AB0254565CF4C4D6EBE2

Amount of Each Receipt this Period 500.00

Memo Item

C. Boudreau, Jason, Kendell, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Prospect Medical Commons
2311 N. Prospect Ave. #4A

City Milwaukee State WI Zip Code 53211-4445

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 03 / 17 / 2018
Transaction ID : A708C0E06E66C402E9DD

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
<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. Branca, Maria, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 Midland Ave.

City Yonkers	State NY	Zip Code 10704-1092
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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 M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2018

Transaction ID : AE72374D0CC9C41C69ED

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 9 La Torre Dr.

City Phillips Ranch	State CA	Zip Code 91766-4876
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

Transaction ID : A833801BF962A41EDBFE

Amount of Each Receipt this Period
500.00

Memo Item

C. Cavaliere, Raymond, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 E. 28th St. #1A

City New York	State NY	Zip Code 10016-8538
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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 ▼
501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : A55F1942F0DB2447DB84

Amount of Each Receipt this Period
501.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1301.00
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 54
	<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. Chagares, William, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2309 Xavier Ct.

City Naperville	State IL	Zip Code 60565-3469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N. Chicago V.A.M.C.	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
03	/	17	/	2018

Transaction ID : A8181467854A84842949

Amount of Each Receipt this Period
250.00

Memo Item

B. Cohen, Lawrence, Marc, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 677 Vandam St.

City North Woodmere	State NY	Zip Code 11581-3521
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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 M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2018

Transaction ID : A02620B82B95C452C873

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1829 N.W. Kings Blvd.

City Corvallis	State OR	Zip Code 97330-1907
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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
03	/	19	/	2018

Transaction ID : A8900F65208D84C9EBE1

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 11 OF 54
<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. 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 70458-2040
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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
03	/	17	/	2018

Transaction ID : A164FED21E3F94A1F99B

Amount of Each Receipt this Period
150.00

Memo Item

B. Daly, Candace, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Utah Podiatric Medical Assn.
1296 W. 475 S.

City Farmington	State UT	Zip Code 84025-4715
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utah Podiatric Medical Association	Occupation (for Individual) Executive Director
---	---

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
03	/	14	/	2018

Transaction ID : AB8C443483C904DD29F7

Amount of Each Receipt this Period
400.00

Memo Item

C. Damitz, Brian, Thomas, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 851 E. Shakespeare Dr.

City Valparaiso	State IN	Zip Code 46383-4129
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	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
03	/	17	/	2018

Transaction ID : A4B7AA2B6AA2B4E789FD

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
<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. Daniel, Wesley, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Gainesville Podiatry Clinic**
1975 Beverly Rd. #B

City Gainesville	State GA	Zip Code 30501-2034
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Gainesville Podiatry Clinic	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
03	/	19	/	2018

Transaction ID : ADB94BAFA2D614166A86

Amount of Each Receipt this Period
300.00

Memo Item

B. Davis, Kirk, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **601 Wayne Ave.**

City Chambersburg	State PA	Zip Code 17201-3805
----------------------	-------------	------------------------

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
03	/	07	/	2018

Transaction ID : AEA5FD51BA5E648239E1

Amount of Each Receipt this Period
300.00

Memo Item

C. Davis, Michael, Q., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **757 Poplar Church Rd.**

City Camp Hill	State PA	Zip Code 17011-2314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pennsylvania Podiatric Medical Assoc.	Occupation (for Individual) Executive Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2018

Transaction ID : ACE0D3530F42E49039B7

Amount of Each Receipt this Period
301.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	901.00
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 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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
 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 03 / 19 / 2018
Transaction ID : ABB59C6B56D9C4E67A9D
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dellinger, Richard, Alexander, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Ferncrest Dr.
 City Little Rock State AR Zip Code 72223-6002
 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 03 / 17 / 2018
Transaction ID : AD90BC926C3414852A99
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Eisner, Richard, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Highland Ave. #103
 City Salem State MA Zip Code 01970-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 17 / 2018
Transaction ID : A1026C31E1D2F4166907
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
<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. Feller, Steve, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7507 Custer Rd. W.

City Tacoma	State WA	Zip Code 98499-8138
----------------	-------------	------------------------

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

Name of Employer (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
03	/	08	/	2018

Transaction ID : ACFD024813EAE44F8BCE

Amount of Each Receipt this Period
100.00

Memo Item

B. Ferritto, Jerauld, D., Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3774 Broadway

City Grove City	State OH	Zip Code 43123-2235
--------------------	-------------	------------------------

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

Name of Employer (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
03	/	31	/	2018

Transaction ID : A47199FFC927C400BA13

Amount of Each Receipt this Period
500.00

Memo Item

C. Gale, Howard, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1904 Sweet Bay Cove

City Statesboro	State GA	Zip Code 30461-0598
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Ankle & Foot Associates	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
03	/	09	/	2018

Transaction ID : A1568EEF2FE8B44A38C6

Amount of Each Receipt this Period
750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 54
	<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. Gastwirth, Glenn B, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8851 Bellido Circle
 City Boynton Beach State FL Zip Code 33472-8125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2018
Transaction ID : AA3EE4633F9FE4D38BBD
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gauland, Christopher, Joseph, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Eastern Carolina F&A Specialists
 2140 W. Arlington Blvd. #D
 City Greenville State NC Zip Code 27834-5709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Carolina Foot & Ankle Speciali Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A19CAA8E070244872B78
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Geduldig, Steven, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot Specialists of Kansas City
 8550 Marshall Dr. #120
 City Overland Park State KS Zip Code 66214-9836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2018
Transaction ID : A771153A98B1D44168D7
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 54
<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. Glynn, Angie, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4343 N. 600 E.

City Franklin	State IN	Zip Code 46131-7865
------------------	-------------	------------------------

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

Name of Employer (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
03	/	09	/	2018

Transaction ID : A58FC564207C24788AA6

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address Alegent Creighton Clinic
6829 N. 72nd St. #7500

City Omaha	State NE	Zip Code 68122-1733
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self	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
03	/	30	/	2018

Transaction ID : A336BD2F81CFF4057840

Amount of Each Receipt this Period
300.00

Memo Item

c. Grandfield, Christopher, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Podiatric Medical Associates
6289 Central Ave.

City Portage	State IN	Zip Code 46368-3725
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Podiatric Medical Associates	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
03	/	05	/	2018

Transaction ID : A5803E8BC2A8745EDA29

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
<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. Green, Tyson, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : AD6C93E6DA4A64C62AEE

Amount of Each Receipt this Period
1000.00

Memo Item

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

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 (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : A51E065500C944034977

Amount of Each Receipt this Period
100.00

Memo Item

C. Haag, Scott, L., Mr., Esq.
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APMA	Occupation (for Individual) Association Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2018

Transaction ID : AE85E1A5061EB4C38B1C

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Haas, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Albuquerque Associated Podiatrists
 8080 Academy N.E. #C
 City Albuquerque State NM Zip Code 87111-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albuquerque Associated Podiatrists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 02 / 2018**
Transaction ID : A72CD65F037AD4E7FA6A
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Harkless, Lawrence, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13103 Country Trl.
 City San Antonio State TX Zip Code 78216-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Univ. of Health Sciences Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 18 / 2018**
Transaction ID : AA272DA60894F436F8B8
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Harrison, Todd, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11110 Medical Campus Rd. #100
 City Hagerstown State MD Zip Code 21742-6734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 18 / 2018**
Transaction ID : A1E706C853FDC4D75B08
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 54
	<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. Harris, William, , Dr., IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Carolina Podiatry Group
 1190 Hwy. 9 Bypass W.
 City Lancaster State SC Zip Code 29720-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) InStride Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2018
Transaction ID : A7BF2F97B5BF64E20A6F
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Hart, Edwin, S., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Easton Ave.
 City Bethlehem State PA Zip Code 18017-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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
 03 / 23 / 2018
Transaction ID : ABC6E9B88F53A4A98A78
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Hartley, S., F. Charley, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 W. Pasadena Blvd.
 City Deer Park State TX Zip Code 77536-4870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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
 03 / 17 / 2018
Transaction ID : AD55C5510189A40999E9
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
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 54
<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. Holmes, Crystal, Murray, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 674 Brookmill Ct.
 City Canton State MI Zip Code 48188-3049
 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 **03 / 17 / 2018**
Transaction ID : A447A344CA9404722935
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hughes, Joseph, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Los Alamitos Foot Center 10961 Cherry St.
 City Los Alamitos State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Los Alamitos Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 251.00

Date of Receipt **03 / 05 / 2018**
Transaction ID : AFD93DA1ACA114E2AA65
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Hughes, Joseph, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Los Alamitos Foot Center 10961 Cherry St.
 City Los Alamitos State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Los Alamitos Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 313.50

Date of Receipt **03 / 14 / 2018**
Transaction ID : AB47DCC37FA8B442FA9D
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.50
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 54
	<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. Idiculla, Stanley, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1406 Hidden Hill Ln.

City Vienna	State VA	Zip Code 22182-1766
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Family Foot & Ankle Center	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
03	/	17	/	2018

Transaction ID : A888AC086CEC6424AAD2

Amount of Each Receipt this Period
300.00

Memo Item

B. Jenkins, Jondelle, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address J.B. Jenkins & Associates
1706 E. 87th St.

City Chicago	State IL	Zip Code 60617-2740
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) J.B. Jenkins & Associates	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
03	/	19	/	2018

Transaction ID : A2F4C3C8625354F21868

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address Sutter Gould Medical Foundation
600 Coffee Rd.

City Modesto	State CA	Zip Code 95355-4201
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Sutter Gould Medical Foundation	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
03	/	18	/	2018

Transaction ID : AD54BE838A97B40099AA

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 54
<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. Keating, Daniel, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 Main St. #214
 City Buffalo State NY Zip Code 14214-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 18 / 2018
Transaction ID : A7BFDC30A1D4B4E90B88
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Kerbleski, Gerard, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Podiatry Associates of NM 8300 Carmel Ave. N.E. #501
 City Albuquerque State NM Zip Code 87122-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Associates of N Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2018
Transaction ID : A90E15E2362934F71960
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kim, Tony, D. H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 616 N. Chelan Ave.
 City Wenatchee State WA Zip Code 98801-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Private Practice Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A74BB34FA97B54B1D8E1
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 54
<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. Kinney, Kile, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address The Foot & Ankle Group
1515 Laney Walker Blvd.

City Augusta State GA Zip Code 30904-5827

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2018
Transaction ID : A4C03F08BC1DB4A658A3

Amount of Each Receipt this Period 300.00

Memo Item

B. Koenigsberg, Richard, Terry, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Remington Podiatry Group
697 E. Remington Dr. #A

City Sunnyvale State CA Zip Code 94087-1976

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

Name of Employer (for Individual) Remington Podiatry Group Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2018
Transaction ID : AC0FF672886FC40208D1

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 929 Horsetrail Way.

City Wake Forest State NC Zip Code 27587-4605

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

Name of Employer (for Individual) Raleigh Orthopaedic Clinic Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2018
Transaction ID : AA2C0645ADDFC402186B

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 54
<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. Krejci, Kara, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Prairie Orthopaedic & Plastic Surg**
 4130 Pioneer Woods Dr. #1
 City **Lincoln** State **NE** Zip Code **68506**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Prairie Orthopaedic and Plastic Surge** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 04 / 2018**
Transaction ID : A0D18C8D10BF34F5EAD8
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Lambert, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **410 N. Gadsden St.**
 City **Tallahassee** State **FL** Zip Code **32301-1242**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Florida Podiatric Medical Assn.** Occupation (for Individual) **Executive Director**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 11 / 2018**
Transaction ID : AB61AF4DC6B7140E394A
 Amount of Each Receipt this Period **500.00**
 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 ▼ **275.00**

Date of Receipt **03 / 13 / 2018**
Transaction ID : A7BA5953CDD0844F1963
 Amount of Each Receipt this Period **25.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 54
	<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. 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 ▼ 375.00

Date of Receipt 03 / 20 / 2018
Transaction ID : A80C8A4154B7D46B0994
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LeBlanc, Lynn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Northwestern Dr. #301
 City Bloomfield State CT Zip Code 06002-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 13 / 2018
Transaction ID : A9A8F9C90A7F245CB9FC
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Lehrman, Jeffrey, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 Remington Rd.
 City Wynnewood State PA Zip Code 19096-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehrman Consulting, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : ABF591BF6F95A494A903
 Amount of Each Receipt this Period 900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 54
<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. Lenet, Marc, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 Belair Rd.
 City Baltimore State MD Zip Code 21206-3613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **03 / 17 / 2018**
Transaction ID : A39EFBBF6BAE24D01885
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Leone, Enzo, Joseph, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Spec. of the Mid-Atla 8028 Ritchie Hwy. #100
 City Pasadena State MD Zip Code 21122-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chesapeake Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : ABA6FA5402B3D4139A52
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Liebow, David, Stewart, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Southern VT Podiatry 382 Canal St.
 City Brattleboro State VT Zip Code 05301-6617
 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 **03 / 11 / 2018**
Transaction ID : AE16022F1761A4085BBA
 Amount of Each Receipt this Period **300.00**
 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 27 OF 54
	<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. 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 249.99

Date of Receipt **03 / 16 / 2018**
Transaction ID : AA39278BC698449C485F
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Lombardi, Charles, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32-07 Francis Lewis Blvd.
 City Flushing State NY Zip Code 11358-1922
 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 **03 / 18 / 2018**
Transaction ID : A1376218AFDA04CCEA11
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Lombardo, Anthony, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17104 Westridge Meadow Dr.
 City Chesterfield State MO Zip Code 63005-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeton Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **03 / 05 / 2018**
Transaction ID : AF4C06B1028854C7CA35
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 54
<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. Long, William, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 S.E. Main St.
 City Simpsonville State SC Zip Code 29681-7150
 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 03 / 17 / 2018
Transaction ID : AF1A38C9031CB4BA19C6
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lorio, Chantal, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4424 Kawanee Ave.
 City Metairie State LA Zip Code 70006-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Foundation Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2018
Transaction ID : A6A4BB5342179453ABDC
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mattei-Diaz, Jose, Antonio, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Calle M. Perez Aviles #1
 City Arecibo State PR Zip Code 00612-4475
 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 03 / 18 / 2018
Transaction ID : AF0A440BCC8FD4916AF6
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
	<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. McAloon, Carolyn, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Bay Area Foot Care
19845 Lake Chabot Rd. #301

City Castro Valley State CA Zip Code 94546-4055

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2018
Transaction ID : AD200C8D2EAEC4883920

Amount of Each Receipt this Period 300.00

Memo Item

B. McCann, William, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Affiliates in Podiatry, PC
248 Pleasant St.#203 Pillsbury Med

City Concord State NH Zip Code 03301-2588

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

Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A7E1FC1477F024D73AD6

Amount of Each Receipt this Period 500.00

Memo Item

C. McDonald, Terence, D., Dr., DPM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Imperial Point Podiatry Assoc.
6405 N. Federal Hwy. #405

City Fort Lauderdale State FL Zip Code 33308-1414

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

Name of Employer (for Individual) Imperial Point Podiatry Assoc. Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 17 / 2018
Transaction ID : A4DB30A5F25C14BF884D

Amount of Each Receipt this Period 150.00

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 54
	<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. McGovern, Daniel, Patrick, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 631 Congress St.

City New Orleans	State LA	Zip Code 70117-6207
---------------------	-------------	------------------------

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
03	/	23	/	2018

Transaction ID : A7ED504A09B2A42699C5

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1834 S. Stewart

City Springfield	State MO	Zip Code 65804-2519
---------------------	-------------	------------------------

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 ▼
1018.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2018

Transaction ID : AFE54FF062D814AA18EF

Amount of Each Receipt this Period
1018.00

Memo Item

C. Mele, Sarah, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 Lomas Blvd. N.W.

City Albuquerque	State NM	Zip Code 87102-2032
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Family Foot Health Specialist	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
03	/	08	/	2018

Transaction ID : ACEDB9CC163D44FDAB3E

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1568.00
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 54
<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. Merena, Stephen, John, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Vista Ct.
 City Jericho State VT Zip Code 05465-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Vermont Medical Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : A943126C20DE24543B19
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Merrill, Jeff, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Wild Plum Dr.
 City Klamath Falls State OR Zip Code 97601-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 17 / 2018**
Transaction ID : AF2A42378DA9F478498F
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Miller, Daniel, Scott, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Podiatry Associates of IN 8615 U.S. 31 S.
 City Indianapolis State IN Zip Code 46227-0972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Podiatry Associates of Indiana Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 05 / 2018**
Transaction ID : A4E0A7DCF6D7449DE847
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 54
<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. Moore, Patricia, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52303 Emmons Rd. #30
 City South Bend State IN Zip Code 46637-4288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 17 / 2018**
Transaction ID : A4C1A8C0793F74D5A858
 Amount of Each Receipt this Period 300.00
 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 ▼ 300.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : A1073A174D44547DF82C
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Mote, Gregory, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DE Foot & Ankle Group 2600 Glasgow Ave. #101
 City Newark State DE Zip Code 19702-5703
 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 **03 / 17 / 2018**
Transaction ID : A02E82934576B4740AF6
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 54
	<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. Mothershed, Robb, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Specialists of the Car
3057 Trenwest Dr.

City Winston Salem	State NC	Zip Code 27103-3220
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NH Mothershed Foot & Ankle Specialists	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
03	/	07	/	2018

Transaction ID : AE80EAC2A20944776B74

Amount of Each Receipt this Period
300.00

Memo Item

B. Nassoor, George, Michael, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Memorial Pkwy.

City Phillipsburg	State NJ	Zip Code 08865-1573
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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 M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2018

Transaction ID : A5439CC0E024B43F9B46

Amount of Each Receipt this Period
300.00

Memo Item

C. O'Neill, Brian, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Pomona Valley Podiatric Medical Gr
1212 N. Park Ave.

City Pomona	State CA	Zip Code 91768-3029
----------------	-------------	------------------------

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

Name of Employer (for Individual) Pomona Valley Podiatric Medical Group	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
03	/	27	/	2018

Transaction ID : AF8AC391C94104C3FAD8

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 54
	<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. Painter, Gina, Marie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Benefis Medical Group**
1401 25th St. S #2

City **Great Falls** State **MT** Zip Code **59406**

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

Name of Employer (for Individual) **Benefis Medical Group** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 17 / 2018**

Transaction ID : A4F040F362B874195B1A

Amount of Each Receipt this Period **300.00**

Memo Item

B. Pantiel, Derek, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4113 Oleander Dr. #G**

City **Wilmington** State **NC** Zip Code **28403-6840**

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

Name of Employer (for Individual) **Instride Summit Podiatry** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 06 / 2018**

Transaction ID : AC8FB37A6AA5143599D1

Amount of Each Receipt this Period **300.00**

Memo Item

C. Pascarella, Eugene, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **661 E. Altamonte Dr. #210**

City **Altamonte Springs** State **FL** Zip Code **32701-5102**

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 **03 / 15 / 2018**

Transaction ID : A9927570FA0D74B869F0

Amount of Each Receipt this Period **300.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54
	<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. Pascual, Grace, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1329 Lusitana St. #801
 Queen's Physician Office Bldg. II
 City Honolulu State HI Zip Code 96813-2434
 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 03 / 18 / 2018
Transaction ID : A15F897388E934DA79C6
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Peterson, Gerald, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6627 Apollo Rd.
 City West Linn State OR Zip Code 97068-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Foot Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2018
Transaction ID : ACF2E45EEB5244D2CAF2
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pickard, Laura, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Norridge Foot Clinic
 7325 W. Irving Park Rd.
 City Chicago State IL Zip Code 60634-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norridge Foot Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2018
Transaction ID : A4482258BC41A4388A9D
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 54
<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. Pinker, Mark, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Pinker & Associates
 47 Brookwood Ave.
 City Carlisle State PA Zip Code 17015-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinker & Associates 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
 03 / 17 / 2018
Transaction ID : A744E5A49122543509D2
 Amount of Each Receipt this Period
 300.00
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2018
Transaction ID : A4E5C820407554446AF4
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Quang, Kevin, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12210 E. 39th St.
 City Tulsa State OK Zip Code 74146-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Tulsa Foot and ankle specialists 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
 03 / 12 / 2018
Transaction ID : AFBB6699F9F1A49909E6
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54
	<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. 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
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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 M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

Transaction ID : A0ECFB78189374C8BB2A

Amount of Each Receipt this Period
300.00

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
----------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2018

Transaction ID : AB5202B2256D44F339D5

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 24 Brentwood Rd.

City Bay Shore	State NY	Zip Code 11706-8011
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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 M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2018

Transaction ID : AB2F48C618F074EE498C

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 54
	<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. Robertozzi, Christian, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 High St. #201
 The Norman Silbert Medical Arts Bldg
 City Newton State NJ Zip Code 07860-9604
 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 03 / 17 / 2018
Transaction ID : A79FEE55A82204FBE83D
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Rogers, Mark, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1248 E. 90 N. #101
 City American Fork State UT Zip Code 84003-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central UT Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 17 / 2018
Transaction ID : A1133BFD1ADFC48988A8
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ross, Jeffrey, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Baylor Clinic
 6620 Fannin St. #1325
 City Houston State TX Zip Code 77030-2300
 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 03 / 05 / 2018
Transaction ID : A537CECA9719947BC995
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1100.00
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 54
	<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. Ross, Robin, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 Canyon Ridge Dr.

City Sandia Park	State NM	Zip Code 87047-8506
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Shelter Island Podiatry	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
03		16		2018

Transaction ID : A20007A506C704404BD5

Amount of Each Receipt this Period
500.00

Memo Item

B. Rottier, Francis, John, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2160 S. 1st Ave.

City Maywood	State IL	Zip Code 60153-3328
-----------------	-------------	------------------------

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

Name of Employer (for Individual) LUHS/Hines VAMC	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
03		15		2018

Transaction ID : AF28FC536607447DA876

Amount of Each Receipt this Period
600.00

Memo Item

C. Ruelle, Anna, Lee, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Weeks Medical Center
8 Clover Ln. #1

City Whitefield	State NH	Zip Code 03598
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Weeks Medical Center	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
03		02		2018

Transaction ID : AA1EB1F378480457A954

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 40 OF 54
<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. Saeva, John, Thomas, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 Stefani Rd.

City Cantonment	State FL	Zip Code 32533-8342
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Destin Podiatry	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
03	/	26	/	2018

Transaction ID : A61F4FEC3DD8B4B96800

Amount of Each Receipt this Period

300.00

 Memo Item

B. Saffer, Mark, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Rudgate Rd.

City Bloomfield Hills	State MI	Zip Code 48304-3307
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Midwest Health Center	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
03	/	13	/	2018

Transaction ID : A577EC620BE264EBE844

Amount of Each Receipt this Period

300.00

 Memo Item

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

Mailing Address Beloit Clinic
1905 Huebbe Pkwy.

City Beloit	State WI	Zip Code 53511-1842
----------------	-------------	------------------------

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

Name of Employer (for Individual) Beloit Clinic	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
03	/	17	/	2018

Transaction ID : A46836B93865F484583F

Amount of Each Receipt this Period

500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 54
<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. Salvo, Nichol, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1921 Ridgemoor Ln.
 City Decatur State GA Zip Code 30033-4068
 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 03 / 17 / 2018
Transaction ID : AB80F98E7925342BC864
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Schifalacqua, I., Eugene, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Berkshire Podiatry Center 50 Berkshire Ct.
 City Wyomissing State PA Zip Code 19610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berkshire Podiatry Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2018
Transaction ID : A4684DD478D0946BB8AC
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schulman, Barry, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address My Foot Doctor 106 Stuart Rd.
 City Cleveland State TN Zip Code 37312-4803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) My Foot Doctor Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2018
Transaction ID : A7E7ABA2B5C4E43818FE
 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 42 OF 54
<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. Sengstock, Jodie, Noll, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49450 Hudson Dr.
 City Canton State MI Zip Code 48188-1979
 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 03 / 18 / 2018
Transaction ID : AD8E579A522A94084A05
 Amount of Each Receipt this Period 350.00
 Memo Item

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

Date of Receipt 03 / 02 / 2018
Transaction ID : A603FC66F2F6B4B3EA5F
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Singer, Alan, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 UCLA Medical Plz. #460
 City Los Angeles State CA Zip Code 90024-7000
 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 03 / 05 / 2018
Transaction ID : A1BADBF696C9948C5B4E
 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 43 OF 54
<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. Smit, Bruce, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9875 W. Lincoln Hwy. #101

City Frankfort	State IL	Zip Code 60423-1931
-------------------	-------------	------------------------

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

Name of Employer (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
03	/	19	/	2018

Transaction ID : AD5F76EC40E1641BCB33

Amount of Each Receipt this Period
300.00

Memo Item

B. Smith, Joseph, Christopher, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Philadelphia Ave.

City Shillington	State PA	Zip Code 19607-2769
---------------------	-------------	------------------------

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
03	/	17	/	2018

Transaction ID : AB18CD229F06E490498C

Amount of Each Receipt this Period
300.00

Memo Item

C. 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
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana Podiatric Medical Assn.	Occupation (for Individual) Executive Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2018

Transaction ID : A5299F8B664154A1CABE

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54
	<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. Stawiski, Marisha, I., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2018

Transaction ID : A368C06C1E8D84786824

Amount of Each Receipt this Period
300.00

Memo Item

B. Stephenson, Alyssa, Kay, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1093 Spring Lake Dr.

City Fond Du Lac	State WI	Zip Code 54935-9726
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Family Foot Clinics of WI	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2018

Transaction ID : A36646BF6B0634D62939

Amount of Each Receipt this Period
500.00

Memo Item

C. Sullivan, Daniel, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 737-A Lydig Ave.

City Bronx	State NY	Zip Code 10462-2166
---------------	-------------	------------------------

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
MM / DD / YYYY
03 / 17 / 2018

Transaction ID : A0762F220D31E483B87F

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 54
	<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. 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 78746-5254
 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 300.00

Date of Receipt 03 / 27 / 2018
Transaction ID : A68E4BC2B21464E7A94B
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Torgesen, Gerald, W., 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
 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 03 / 19 / 2018
Transaction ID : A619D83EBF45E477590B
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Tritto, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Spec. of the Mid-Atla
 11801 Rockville Pk. #105
 City Rockville State MD Zip Code 20852-2714
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 17 / 2018
Transaction ID : A83FA93E30F114908A6A
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 54
	<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. Tronvig, William, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Harbor Foot & Ankle Clinic
 1220 Basich Blvd. #C

City Aberdeen State WA Zip Code 98520-1053

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2018
Transaction ID : A93805006771D4E2A98C

Amount of Each Receipt this Period 300.00

Memo Item

B. Virbulis, Sylvia, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Salisbury State NC Zip Code 28144-4930

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2018
Transaction ID : A8491C034427242BC997

Amount of Each Receipt this Period 250.00

Memo Item

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

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

City Torrance State CA Zip Code 90505

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AB6EF71A1090942DC902

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 47 OF 54
	<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. Warren, Walter, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 707
 City Seymour State IN Zip Code 47274-0707
 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 **03 / 12 / 2018**
Transaction ID : A2064DE1BD857476989E
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wilde, Corin, Q., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Wilde Foot & Ankle Clinic 407 E. Centennial Dr.
 City Pittsburg State KS Zip Code 66762-6505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilde Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 05 / 2018**
Transaction ID : A8379E86B2F1E4D94B12
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Zdancewicz, Alissa, Berner, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15302 Searobbin Dr.
 City Bradenton State FL Zip Code 34202-5860
 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 ▼ 210.00

Date of Receipt **03 / 12 / 2018**
Transaction ID : AAC3EF00102134F4A878
 Amount of Each Receipt this Period 150.00
 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 48 OF 54
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zygmunt, Kenneth, H., Dr.,

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2018

Transaction ID : A4126EF74DC8341F09BF

Amount of Each Receipt this Period
250.00

Memo Item

B. 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

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
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	46968.83

**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. Democratic Congressional Campaign Committee		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address 2nd Floor 430 S. Capitol Street		FEC Identification Number C [] Transaction ID : B2908467A0f Amount of Each Disbursement this Period 15000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2018 National Party Support		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address 120 Maryland Avenue, NE		FEC Identification Number C [] Transaction ID : BBEAC3CE5f Amount of Each Disbursement this Period 15000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2018 National Party Support		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Friends Of Mazie Hirono		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018
Mailing Address PO Box 677		FEC Identification Number C S2HI00106 Transaction ID : B3F3779009f Amount of Each Disbursement this Period 1000.00
City Honolulu	State HI	Zip Code 96809
Purpose of Disbursement Primary 2018		Category/ Type []
Candidate Name Hirono, Mazie, K., Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	
State: HI District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	31000.00
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"/> 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. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Primary 2018

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C C00445023

Transaction ID : B5903BF686f

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HELLER FOR SENATE

Mailing Address PO BOX 371907

City
LAS VEGAS

State
NV

Zip Code
89137

Purpose of Disbursement
2018 Primary

Candidate Name

Heller, Dean, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	8

FEC Identification Number

C C00494229

Transaction ID : B1919CF0709

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City
THOUSAND OAKS

State
CA

Zip Code
91358

Purpose of Disbursement
Primary 2018

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C C00513077

Transaction ID : B2886C9E72

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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"/> 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. King For Congress

Mailing Address 116 N Main St.
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement
Primary 2018

Candidate Name
King, Steve, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IA District: 04

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C H2IA05072

Transaction ID : B0FE8FD517
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Primary 2018

Candidate Name
Lance, Leonard, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00444224

Transaction ID : B7E15F0A61
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Primary 2018

Candidate Name
Loeb sack, Dave, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2018

FEC Identification Number

C H6IA02146

Transaction ID : BBB73AA831
Amount of Each Disbursement this Period

5000.00

Memo Item

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

8000.00

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"/> 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. MOOLENAAR FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018
Mailing Address 5915 EASTMAN AVENUE SUITE 100		FEC Identification Number C 000561530 Transaction ID : B9179FECEB
City MIDLAND	State MI	Zip Code 48640
Purpose of Disbursement Primary 2018		Amount of Each Disbursement this Period 1000.00
Candidate Name Moolenaar, John, , Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address 320 First Street, S.E		FEC Identification Number C Transaction ID : B9F45F1E2BI
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2018 National Party Support		Amount of Each Disbursement this Period 15000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address Ronald Reagan Republican Center 425 2nd Street, NE		FEC Identification Number C Transaction ID : BEA66AB6C
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2018 support		Amount of Each Disbursement this Period 15000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	31000.00
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"/> 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. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Primary 2018

Candidate Name **Pallone, Frank, J., Rep., Jr.**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2018

FEC Identification Number

C H8NJ03073

Transaction ID : B021C25CF8:
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VAN DREW FOR CONGRESS

Mailing Address PO BOX 671

City CAPE MAY COURT HOUSE State NJ Zip Code 08210

Purpose of Disbursement Primary 2018

Candidate Name **Vandrew, Jeff, , ,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2018

FEC Identification Number

C C00661868

Transaction ID : B241C541012
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement Primary 2018

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

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IL District: 15

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2018

FEC Identification Number

C H2IL20042

Transaction ID : B498C4A685
Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

5000.00

**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

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
Primary 2018

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C H6OR02116

Transaction ID : BAD843623F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yarmuth For Congress

Mailing Address 1819 Brownsboro Road

City
Louisville

State
KY

Zip Code
40202

Purpose of Disbursement
Primary 2018

Candidate Name

Yarmuth, John, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C H6KY03124

Transaction ID : B9D9C0A470I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3500.00

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

85000.00