



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="426633.57"/>	<input type="text" value="426633.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="564891.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23790.83"/>	<input type="text" value="309298.31"/>
(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="588681.88"/>	<input type="text" value="735931.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="149250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="586681.88"/>	<input type="text" value="586681.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13818.33	192940.65
(ii) Unitemized .....	9972.50	116357.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23790.83	309298.31
(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) .....	23790.83	309298.31
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))..... ▶	23790.83	309298.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23790.83	309298.31

**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.....	2000.00	149100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	149250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	149250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23790.83	309298.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23790.83	309148.31
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 28
	<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. Dr. Johnnie L. Alston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Institute for Advanced Wound Care  
 2167 Normandie Dr.  
 City Montgomery State AL Zip Code 36111-2728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A2F12406B40CC40D5A9C**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Dr. Michael J. Ball**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9080 Kimberly Blvd. #7  
 City Boca Raton State FL Zip Code 33434-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 14 / 2016**  
**Transaction ID : A5F733F5A5A9D48FE94A**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. Dr. William Douglas Banks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Celia Pl.  
 City Asheville State NC Zip Code 28801-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A623F330438D3499B895**  
 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 7 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Alan L. Bass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 Craig Rd. #102  
 City Manalapan State NJ Zip Code 07726-8729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016  
**Transaction ID : A98EECB377D1C4A65BF8**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dr. James E. Benedict**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Benedict Podiatry Group  
 1627 E. Main St.  
 City Kent State OH Zip Code 44240-2875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Benedict Podiatry Group 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  
 07 / 25 / 2016  
**Transaction ID : AACE764D90109446BB52**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Joseph Anthony Bisignaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1671 Whispering Woods Way  
 City Vineland State NJ Zip Code 08361-8651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2016  
**Transaction ID : A14DF8D5C22D5406DA1A**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Maria A. Branca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 909 Midland Ave.  
 City Yonkers State NY Zip Code 10704-1092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : A2EE12005601A48E88E2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dr. Paul Davis Brooks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 E. Nine Mile Rd.  
 City Pensacola State FL Zip Code 32514-7772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : AB0B5FF50C97E40AD930**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2016  
**Transaction ID : A9BCF256AAA2743B6AE9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Gregory W. Bryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ark LA Tex Foot Specialists, LLC  
 385 Bert Kouns #200  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : AE7370614C7474086AE8**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2016  
**Transaction ID : AE8BBCFE0FAB94D40A9C**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**c. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : ADB403715D5F84536AA8**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Michelle E.G. Donaldson-Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3224 St. Claude Ave.  
 City New Orleans State LA Zip Code 70117-6659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 14 / 2016**  
**Transaction ID : A9E6B4956E96A4E01B1F**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Dr. Jimmy W. Downing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Peter Jefferson Pkwy. #360  
 City Charlottesville State VA Zip Code 22911-8837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A56B3748B54D342F3AEA**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. Dr. Richard E. Ehle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address CT Foot Care Centers  
 51 Burlington Ave.  
 City Bristol State CT Zip Code 06010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A0D7CBD99FD8B4A9891B**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Jimmie Lee Felton Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7033

City State Zip Code  
Americus GA 31709-7033

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

Name of Employer Occupation  
Self Employed Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2016

**Transaction ID : A04E2D79A2ADB42ABA1C**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address Sarasota Footcare Center  
1921 Waldemere St. #106

City State Zip Code  
Sarasota FL 34239-2941

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

Name of Employer Occupation  
Sarasota Footcare Center Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 04 / 2016

**Transaction ID : A7E8AC7E5264A4D2CBFA**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Dr. Brian D. Gale**  
Full Name (Last, First, Middle Initial)

Mailing Address Dakota Foot & Ankle  
1733 E. Capitol Ave. #101

City State Zip Code  
Bismarck ND 58501-1747

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

Name of Employer Occupation  
Dakota Foot & Ankle Clinic, PC 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  
07 / 19 / 2016

**Transaction ID : A6154D0BBBCCB4885B92**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Vito N. Giardina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 Wilkens Ave.  
 City Baltimore State MD Zip Code 21229-4848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A5190FBA0086541F8A1C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Debra Mary Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address South Baldwin Podiatry 1770 N. Alston St.  
 City Foley State AL Zip Code 36535-2274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer S. Baldwin Podiatry, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1051.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : AE799896E60AC4B0DA82**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**c. Dr. Roberta Giudice-Teller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 N.W. 6th St.  
 City Gainesville State FL Zip Code 32601-4249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : A21C86AE9F96B4C749D2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Armando Gonzalez Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 156 Corliss Ave. #402

City Johnson City State NY Zip Code 13790-2071

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

Name of Employer United Health Services Hospital Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A4AA08838EC5840A288D**

Amount of Each Receipt this Period 50.00

Memo Item

**B. Dr. Barney A. Greenberg DPM**  
Full Name (Last, First, Middle Initial)

Mailing Address Podiatry Associates  
2651 Hollywood Blvd.

City Hollywood State FL Zip Code 33020-4840

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

Name of Employer Podiatry Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A538BF41E00F84C419B8**

Amount of Each Receipt this Period 150.00

Memo Item

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

Mailing Address 1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605-5362

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : A55897EC335FE494AB2A**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Bradley Charles Haves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 N.W. 57th Ave. #205  
 City Miami State FL Zip Code 33126-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A436FB43C33D74A94B5C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dr. Vincent J. Hetherington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Kent State Univ. College of Pod. M 6000 Rockside Woods Blvd.  
 City Independence State OH Zip Code 44131-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kent State University College of Pod. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : A85006B6B2F504271967**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Philip Wayne Holloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 E. Court St.  
 City Paris State IL Zip Code 61944-2460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 07 / 25 / 2016  
**Transaction ID : AE7C0D588722B493DA8C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Kevin Holton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2805 Jasmine Ct.

City Saint Cloud State MN Zip Code 56301-9467

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : A1AA7652D6F2C4B8B99A**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Bradford J. Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address 476 Painter Way

City Lansdale State PA Zip Code 19446-4037

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : A76E9F99F4F4B4AACA64**

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 1026 S. Washington Ave.

City Royal Oak State MI Zip Code 48067-3218

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : AEBFF8A58D3DC4593913**

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 19 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Bruce Kramer**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 N. Orlando Ave. #110

City Winter Park State FL Zip Code 32789-3601

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A224BCF10AF584C24A3E**

Amount of Each Receipt this Period 50.00

Memo Item

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

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

City Pensacola State FL Zip Code 32503-2407

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

Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : AD515617E812142CF810**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Dr. Daniel Evan Laut**  
Full Name (Last, First, Middle Initial)

Mailing Address Cape Fear Podiatry Associates  
1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2016  
**Transaction ID : A47D99BB47B1A49888BB**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Steven H. Lin**  
Full Name (Last, First, Middle Initial)

Mailing Address Alexandria Family Podiatry  
2843 Duke St.

City Alexandria State VA Zip Code 22314-4512

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : A46FE654E13704C9A8AF**

Amount of Each Receipt this Period 300.00

Memo Item

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

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

City Bloomington State IL Zip Code 61704-7775

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 18 / 2016  
**Transaction ID : A37979E3C2D1E44F182E**

Amount of Each Receipt this Period 83.33

Memo Item

**C. Dr. Charles M. Lombardi**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : AD465AB8CE3F842FC9B7**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 883.33

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

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

**A. Dr. Joan M. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1147 E. Grand Ave.  
 City Escondido State CA Zip Code 92025-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2016  
**Transaction ID : AF04DFBE093BD4B188B8**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Peter A. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Court St. #1  
 City Middlebury State VT Zip Code 05753-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2016  
**Transaction ID : AB33B06D8D8134C018AC**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Gina Marie Painter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Benefis Medical Group  
 1401 25th St. S #2  
 City Great Falls State MT Zip Code 59405-5183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefis Medical Group  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2016  
**Transaction ID : ACC5C361360804F4DBE5**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Robert G. Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14441 Memorial Dr. #16  
 City Houston State TX Zip Code 77079-6737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self-Employed Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt: 07 / 16 / 2016  
**Transaction ID : ABEE1287E19194E22A50**  
 Amount of Each Receipt this Period: 300.00  
 Memo Item

**B. Dr. Michael Ray Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Specialists  
 2705 Samson Way  
 City Bellevue State NE Zip Code 68123-4307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Powers Foot & Ankle P.C. Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 07 / 28 / 2016  
**Transaction ID : A8ADBBBD317894C0F884**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**C. Dr. Bryan James Prukop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Complete Family Foot Care  
 812 Lindberg Ave.  
 City McAllen State TX Zip Code 78501-2930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Complete Family Foot Care Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt: 07 / 19 / 2016  
**Transaction ID : AD1A3D65D087F48918AD**  
 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 23 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Phyllis A. Ragley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 W. 6th St. #112

City Lawrence State KS Zip Code 66044-2249

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : A77763B71399B461894B**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. Danita Anne Reese**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 357

City South Hill State VA Zip Code 23970-0357

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 21 / 2016  
**Transaction ID : AC040358DA4C64EFBA38**

Amount of Each Receipt this Period 255.00

Memo Item

**C. Dr. Mark E. Reiner**  
Full Name (Last, First, Middle Initial)

Mailing Address The Podiatry Group/The Foot Doctor  
637 E. Matthews Ave.

City Jonesboro State AR Zip Code 72401-3145

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : AEC8F3CE72E694AE28CA**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1055.00

**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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Gordon P. Rheame**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Podiatry Associates  
 1513 Moore Ave.  
 City Pueblo State CO Zip Code 81005-2346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 14 / 2016**  
**Transaction ID : ACD135B1ECAE64847824**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Dr. Clif S. Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Baton Rouge Foot Care  
 8160 YMCA Plaza Dr. #C  
 City Baton Rouge State LA Zip Code 70810-0940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baton Rouge Foot Care Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 16 / 2016**  
**Transaction ID : A9E531E272E9D4CEFBBF**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. Seth A. Rubenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Spec. of the Mid-Atla  
 1860 Town Center Dr. #220  
 City Reston State VA Zip Code 20190-5905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot and Ankle Specilaist of the Mid A Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : A390F29943FC34EB39DB**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Andrew C. Schink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Cameo Dr.  
 City Eugene State OR Zip Code 97405-5897  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self-Employed Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 07 / 01 / 2016  
**Transaction ID : A4B10058046EC44EDB69**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**B. Dr. Howard Ludwig Schultheiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 437 S. Main St.  
 City Bel Air State MD Zip Code 21014-3919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self-Employed Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 07 / 16 / 2016  
**Transaction ID : A5692A39360164624B63**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**C. Dr. Paul L. Sheitel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 St. Paul Ave.  
 City Reisterstown State MD Zip Code 21136-1810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Retired Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 07 / 25 / 2016  
**Transaction ID : A7B24C44C27764D149EF**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Michael H. Shinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Larchmont Medical Center II  
 210 Ark Rd. #214  
 City State Zip Code  
 Mount Laurel NJ 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Larchmont Medical Center II 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  
 07 / 15 / 2016  
**Transaction ID : A3BF58D2AD778484D9AC**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. James W. Stavosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Sullivan Ave. #401  
 City State Zip Code  
 Daly City CA 94015-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2016  
**Transaction ID : A76B44CB43E3843B6A20**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Kirk Eliel Woelffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Raleigh Foot & Ankle Center  
 P.O. Box 98209  
 City State Zip Code  
 Raleigh NC 27624-8209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raleigh Foot Center Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2016  
**Transaction ID : ADEAE0E6588D742658B5**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 27 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Evan Reese Young**

Mailing Address Foot Health Clinic  
 5004 S. U St. #101-B

City Fort Smith State AR Zip Code 72903-3600

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

Name of Employer Podiatric Physician Occupation Podiatric Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 07 / 15 / 2016  
**Transaction ID : A9703E73F266646D8BF5**

Amount of Each Receipt this Period  
 75.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13818.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Courtney For Congress**

Mailing Address 38 Risley Road

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement

Candidate Name

**Rep. Joe Courtney**

Office Sought:  House  
 Senate  
 President

State: CT District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : B725F8A064CD44BA8BD4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Swalwell For Congress**

Mailing Address P.O. Box 2847

City State Zip Code  
Dublin CA 94568

Purpose of Disbursement

Candidate Name

**Rep. Eric M. Swalwell**

Office Sought:  House  
 Senate  
 President

State: CA District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : BBA80186F915949E8B4A

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

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

2000.00