

# 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)

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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2016 through 09 / 30 / 2016

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

Signature of Treasurer Kaplan, Randy, K., Dr., [Electronically Filed] Date 10 / 13 / 2016

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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value=""/>          | <input type="text" value="426633.57"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="578884.21"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="13470.33"/>  | <input type="text" value="334970.97"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="592354.54"/> | <input type="text" value="761604.54"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="326500.00"/> | <input type="text" value="495750.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="265854.54"/> | <input type="text" value="265854.54"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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. 05/2016)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 8438.33                       | 208167.31                         |
| (ii) Unitemized .....   | 5032.00                       | 126803.66                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 13470.33                      | 334970.97                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 13470.33                      | 334970.97                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 13470.33                      | 334970.97                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 13470.33                      | 334970.97                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 326500.00                     | 495600.00                         |
| 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                          | 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 (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)) ..      | 326500.00                     | 495750.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 326500.00                     | 495750.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 13470.33                              | 334970.97                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 150.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 13470.33                              | 334820.97                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 73  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Ajlouny, Martha, Jullie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Greensboro Podiatry Associates, P.  
 530 N. Elam Ave. #A  
 City Greensboro State NC Zip Code 27403-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Instride Greensboro Podiatry Associate Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 20 / 2016  
**Transaction ID : AFC5BE2F74C2E4CE5A91**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Armstrong, Albert, V., Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16652 S.W. 61st Way  
 City Miami State FL Zip Code 33193-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barry University Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 22 / 2016  
**Transaction ID : AC513DC9876434481BFD**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Asante, Georgina, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 10th Ave. #305  
 City Columbus State GA Zip Code 31901-3611  
 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 ▼ 225.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : A873FDBF1EFBD45EFBA6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 325.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 73                 |
|   | <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. Baxter, Mark, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 W. Stone Dr. #6

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Kingsport | State<br>TN | Zip Code<br>37660-3270 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 09    |   | 2016        |

**Transaction ID : AFFF9508361BE46D791E**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Brown, H., F., Dr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Georgia Ave.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Little Rock | State<br>AR | Zip Code<br>72207-5014 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 13    |   | 2016        |

**Transaction ID : A9B109B11A0104735A85**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Bryan, Gregory, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Ark LA Tex Foot Specialists, LLC  
385 Bert Kouns #200

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Shreveport | State<br>LA | Zip Code<br>71106 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Ark LA TexFoot Specialists, LLC | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 30    |   | 2016        |

**Transaction ID : A2E2A67B6D6C6488694F**

Amount of Each Receipt this Period  
100.00

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: (check only one)       | PAGE 8 OF 73                 |
|   | <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. Buchbinder, Irving, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Albany Ave.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Hartford | State<br>CT | Zip Code<br>06120-2508 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 16    |   | 2016        |

**Transaction ID : A5012BFD8552F4A5C884**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Buchbinder, Irving, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Albany Ave.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Hartford | State<br>CT | Zip Code<br>06120-2508 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 30    |   | 2016        |

**Transaction ID : AF774A8A8CFCF4935BE1**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Bushman, Tod, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Surrey Hill Pt.

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Hendersonville | State<br>TN | Zip Code<br>37075-5212 |
|------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 09    |   | 2016        |

**Transaction ID : AD30C8747F7D849E4924**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 300.00 |
| <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 73  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Copple, Bradley, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 S. 93rd St.  
 City Omaha State NE Zip Code 68114-3944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Think Whole Person Healthcare Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : A86C3DB8843774CCB9B5**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. 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  
 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 ▼ 2200.00

Date of Receipt 09 / 19 / 2016  
**Transaction ID : A0965C5C233EB476EB7C**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. DeLaRosa, Efren, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 W. Castellano Dr.  
 City El Paso State TX Zip Code 79912-6119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed/Foot Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 19 / 2016  
**Transaction ID : A6AB416F5648044739B7**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 73   |
| <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. Felton, Jimmie, Lee, Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 7033  
 City Americus State GA Zip Code 31709-7033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : A3EC46B601AF74CC09CC**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Frimmel, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106  
 City Sarasota State FL Zip Code 34239-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : A5506305D965640D59EC**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**c. 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 ▼ 750.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : ACAF13190762B4438972**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 330.00 |
| <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 73                |
|   | <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. Goodale, Miranda, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 W. County Rd. 700 N.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Brazil | State<br>IN | Zip Code<br>47834-8264 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Clay County Podiatry | Occupation (for Individual)<br>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 |
| 09    | / | 20    | / | 2016        |

**Transaction ID : A08E0B72DF4C84F819CD**

Amount of Each Receipt this Period  
300.00

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<br>Lake Charles | State<br>LA | Zip Code<br>70605-5362 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 21    | / | 2016        |

**Transaction ID : A54488B7591054DDCA38**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1005 Friar Tuck Rd.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Johnson City | State<br>TN | Zip Code<br>37604-3709 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 09    | / | 2016        |

**Transaction ID : A0CFB5FFCC89F48FAA2B**

Amount of Each Receipt this Period  
300.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 700.00 |
| <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 12 OF 73                |
|   | <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. Hancock, Robert, Christopher, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Volunteer Podiatry  
 939 Emerald Ave. #706  
 City Knoxville State TN Zip Code 37917-5547  
 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  
 09 / 09 / 2016  
**Transaction ID : A3E7F097D75804CF897F**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Holloway, Philip, Wayne, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (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  
 09 / 30 / 2016  
**Transaction ID : AFF36D5BC940943A6B41**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Jackson, Brian, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Middle TN Foot & Ankle Clinic  
 1215 Hatcher Ln.  
 City Columbia State TN Zip Code 38401-3531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Middle TN Foot & Ankle 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  
 09 / 09 / 2016  
**Transaction ID : AE88B2E22755E4612B94**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 73                |
|   | <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. 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  
 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 ▼ 1875.00

Date of Receipt 09 / 21 / 2016  
**Transaction ID : A0B406BA6F7514474AD1**  
 Amount of Each Receipt this Period 625.00  
 Memo Item

**B. Lambert, Mark, Andrew, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pensacola Foot & Ankle Center  
 4850 N. 9th Ave.  
 City Pensacola State FL Zip Code 32503-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pensacola Foot & Ankle Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2016  
**Transaction ID : A36AA306FB65A4A0AB45**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Landry, Mark, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8120 W. 99th St.  
 City Overland Park State KS Zip Code 66212-3444  
 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 09 / 10 / 2016  
**Transaction ID : A0026A726365E4796817**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1725.00  
**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 73                |
|   | <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 **749.97**

Date of Receipt **09 / 19 / 2016**  
**Transaction ID : A21E1CEF3444445AA895**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Mangold, Karl, Joseph, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2825 Fort Missoula Rd. #106  
 City Missoula State MT Zip Code 59804-7403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : A9E102610385F42719A1**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**C. Meade, James, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 W. 89th Ave. #E-1  
 City Merrillville State IN Zip Code 46410-6295  
 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 **09 / 14 / 2016**  
**Transaction ID : AA26CCB7463A3434798E**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>408.33</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 15 OF 73                |
|   | <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. Moinester, David, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6575 Stage Rd.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bartlett | State<br>TN | Zip Code<br>38134-3809 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 09    |   | 2016        |

**Transaction ID : A7C5B5B9FBB344339BDF**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Ollerton, Matthew, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 519 S. 1800 E.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Springville | State<br>UT | Zip Code<br>84663-2610 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 13    |   | 2016        |

**Transaction ID : A65CF2580C48545D480A**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Raich, Allen, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1121 Poplar View Ln. N.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Collierville | State<br>TN | Zip Code<br>38017-9339 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 09    |   | 2016        |

**Transaction ID : A8DD4C415198241CF96F**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 525.00 |
| <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 16 OF 73                |
|   | <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. Rosen, Robert, Glenn, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Brevard Podiatry  
 850 Garden St.  
 City Titusville State FL Zip Code 32780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brevard Podiatry Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : AD4FBA5D0D50041BC8AF**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Sheitel, Paul, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Retired 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  
 09 / 30 / 2016  
**Transaction ID : A727E880B390040549B8**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Smith, David, Earl, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 647 Dunlop Ln. #209  
 City Clarksville State TN Zip Code 37040-5193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : A626D447F0A864ED4AF8**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 825.00 |
| <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 73                |
|   | <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. Smith, Edward, Patrick, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 148 Park St.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Springfield | State<br>VT | Zip Code<br>05156-3034 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 09    |   | 06    |   | 2016        |

**Transaction ID : AB649AD28856046CFAF8**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Weaver, Benjamin, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Central KS Podiatry Associates  
2081 N. Webb Rd.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Wichita | State<br>KS | Zip Code<br>67206-3411 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Central KS Podiatry Associates | Occupation (for Individual)<br>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 |
| 09    |   | 30    |   | 2016        |

**Transaction ID : A959DD0B3D5AF4466AF4**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Webster, Chad, Eric, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Mid-South Foot & Ankle Specialists  
8055 Club Pkwy.

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Cordova | State<br>TN | Zip Code<br>38018 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Mid-South Foot & Ankle Specialists | Occupation (for Individual)<br>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 |
| 09    |   | 09    |   | 2016        |

**Transaction ID : AE7DB06A55A7349F4A7B**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 18 OF 73   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Webster, Julie, Cathleen, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Mid-South Foot & Ankle Specialists  
 8055 Club Pkwy.  
 City Cordova State TN Zip Code 38016-5967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mid-South Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : ACC4A5C23437747F2BA9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Woelffer, Kirk, Eiel, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Raleigh Foot & Ankle Center  
 P.O. Box 98209  
 City Raleigh State NC Zip Code 27624-8209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raleigh Foot Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2016  
**Transaction ID : ADE94F0C87CCE478DA0F**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 300.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 8438.33 |

**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"/> 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. Adrian Smith For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 5 |   |   | 2 | 0 | 1 | 6 |   |   |

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

FEC Identification Number  
**C H6NE03115**  
**Transaction ID : B59A94FEE2**  
Amount of Each Disbursement this Period  
**1000.00**

Purpose of Disbursement  Category/Type

Candidate Name  
**Smith, Adrian, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NE District: 03

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ALAN LOWENTHAL FOR CONGRESS**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 5 |   |   | 2 | 0 | 1 | 6 |   |   |

Mailing Address 6380 WILSHIRE BLVD., #1612

City State Zip Code  
LOS ANGELES CA 90048

FEC Identification Number  
**C H2CA00104**  
**Transaction ID : B56B7A1EA4**  
Amount of Each Disbursement this Period  
**1000.00**

Purpose of Disbursement  Category/Type

Candidate Name  
**Lowenthal, Alan, S., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 47

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Anna Eshoo For Congress**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 5 |   |   | 2 | 0 | 1 | 6 |   |   |

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code  
Sacramento CA 95814

FEC Identification Number  
**C H8CA12098**  
**Transaction ID : B2CB05D6A1**  
Amount of Each Disbursement this Period  
**4000.00**

Purpose of Disbursement  Category/Type

Candidate Name  
**Eshoo, Anna, G., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 18

Memo Item

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

|         |
|---------|
| 6000.00 |
|---------|

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

|  |
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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara Lee For Congress**

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

Mailing Address 449 Fifteenth Street  
Suite 408

City Oakland State CA Zip Code 94612

FEC Identification Number

C H8CA09060

Transaction ID : B3B55C42F9  
Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

Candidate Name

**Lee, Barbara, J., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Full Name (Last, First, Middle Initial)

**B. BEATTY FOR CONGRESS**

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

FEC Identification Number

C H2OH03125

Transaction ID : BC4C2E1570  
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

Candidate Name

**Beatty, Joyce, B., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Full Name (Last, First, Middle Initial)

**C. Becerra for Congress**

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

FEC Identification Number

C H2CA30143

Transaction ID : B838B6D488  
Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

Candidate Name

**Becerra, Xavier, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

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

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

8500.00

**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)<br><b>A. BERGMANFORCONGRESS</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2016   |
| Mailing Address N5070 CISCO LAKE ROAD                                   |  | FEC Identification Number<br>C H6MI01226<br><b>Transaction ID : B592C56F12</b><br>Amount of Each Disbursement this Period<br>1000.00                 |
| City<br>WATERSMEET  | State<br>MI  | Zip Code<br>49969  |
| Purpose of Disbursement   | Category/Type  |  |
| Candidate Name<br><b>Bergman, John, , ,</b>                             | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: MI   | District: 01   | <input type="checkbox"/> Memo Item   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BILL FLORES FOR CONGRESS</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address PO BOX 6207   |  | FEC Identification Number<br>C H0TX17104<br><b>Transaction ID : B3DC3076621</b><br>Amount of Each Disbursement this Period<br>1000.00                |
| City<br>BRYAN   | State<br>TX  | Zip Code<br>77805  |
| Purpose of Disbursement   | Category/Type  |  |
| Candidate Name<br><b>Flores, Bill, H., Rep.,</b>                              | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: TX   | District: 17   | <input type="checkbox"/> Memo Item   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BILLY LONG FOR CONGRESS</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address 3246 E. RIDGEVIEW STREET                                     |  | FEC Identification Number<br>C H0MO07113<br><b>Transaction ID : BBC2BF5F6</b><br>Amount of Each Disbursement this Period<br>1000.00                  |
| City<br>SPRINGFIELD  | State<br>MO  | Zip Code<br>65804  |
| Purpose of Disbursement  | Category/Type  |  |
| Candidate Name<br><b>Long, Billy, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: MO  | District: 07   | <input type="checkbox"/> Memo Item   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3000.00 |
| <b>TOTAL</b> 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. BONAMICI FOR CONGRESS**

Mailing Address 3321 SE 20TH AVE

City  
PORTLAND

State  
OR

Zip Code  
97202

Purpose of Disbursement

Candidate Name

**Bonamici, Suzanne, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H2OR01133**

**Transaction ID : B57A514E15**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOUSTANY FOR SENATE INC**

Mailing Address PO BOX 80126

City  
LAFAYETTE

State  
LA

Zip Code  
70598

Purpose of Disbursement

Candidate Name

**Boustany, Charles, W, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: LA District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

**C S6LA00300**

**Transaction ID : BFB854EF6E**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address P.O. Box 8277

City  
The Woodlands

State  
TX

Zip Code  
77387

Purpose of Disbursement

Candidate Name

**Brady, Kevin, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H6TX08100**

**Transaction ID : B11DDC0152**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

**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**

**A. BRENDA LAWRENCE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P O BOX 760550

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

City SOUTHFIELD State MI Zip Code 48076-0550

FEC Identification Number

Purpose of Disbursement

**C** H2MI14111

Candidate Name

**Lawrence, Brenda, L., Rep.,**

Category/Type

**Transaction ID : B3FF2E2F18**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

1000.00

State: MI District: 14

Memo Item

**B. BUCSHON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 250

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

City NEWBURGH State IN Zip Code 47629

FEC Identification Number

Purpose of Disbursement

**C** H0IN08114

Candidate Name

**Bucshon, Larry, D., Rep.,**

Category/Type

**Transaction ID : B3290F28504**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

2000.00

State: IN District: 08

Memo Item

**C. Butterfield For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2571

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

City Wilson State NC Zip Code 27894

FEC Identification Number

Purpose of Disbursement

**C** H4NC01046

Candidate Name

**Butterfield, G.K., , Rep., Jr.**

Category/Type

**Transaction ID : B2FD4D62B7**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

3000.00

State: NC District: 01

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. Candice Miller For Congress**

Mailing Address P.O. Box 182152

City: Shelby Township  
State: MI Zip Code: 48318

Purpose of Disbursement

Candidate Name

**Miller, Candice, S., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MI District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6MI12181

**Transaction ID : BABE58FB56**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City: Spokane  
State: WA Zip Code: 99210

Purpose of Disbursement

Candidate Name

**McMorris Rodgers, Cathy, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4WA05077

**Transaction ID : BDB04DBAF!**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charlie Dent For Congress**

Mailing Address PO Box 442

City: Allentown  
State: PA Zip Code: 18105

Purpose of Disbursement

Candidate Name

**Dent, Charlie, W., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4PA15087

**Transaction ID : BCFF34C192**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

13000.00



**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. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 255

City  
KINDERHOOK

State  
NY

Zip Code  
12106

Purpose of Disbursement

Candidate Name

**Gibson, Chris, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** HONY20095

**Transaction ID : BFA67D1C31**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens For Waters**

Mailing Address 555 So.Flower St.,Suite 4210

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement

Candidate Name

**Waters, Maxine, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 43

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H4CA23011

**Transaction ID : BB040B5EA7**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clay Jr. For Congress**

Mailing Address P.O. Box 4544

City  
St. Louis

State  
MO

Zip Code  
63108

Purpose of Disbursement

Candidate Name

**Clay, Lacy, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** HOMO01066

**Transaction ID : BEC4224A03**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5500.00

**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. COFFMAN FOR CONGRESS**

Mailing Address 9249 SOUTH BROADWAY  
#200-501

City HIGHLANDS RANCH State CO Zip Code 80129-5690

Purpose of Disbursement

Candidate Name

**Coffman, Mike, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H8CO06138**

**Transaction ID : B73E1EE3C3**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM, INC.**

Mailing Address 500 MARQUETTE NW  
SUITE 800

City ALBUQUERQUE State NM Zip Code 87102

Purpose of Disbursement

Candidate Name

**Lujan Grisham, Michelle, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H8NM01257**

**Transaction ID : B69C6727FEI**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee To Reelect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement

Candidate Name

**Smith, Chris, H., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: NJ District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H8NJ04014**

**Transaction ID : B9D295BC5I**

Amount of Each Disbursement this Period

500.00

Memo Item

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

3500.00

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

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

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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. Walberg For Congress**

Mailing Address PO Box 1362

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement  
Redesignation of funds into General 2016 (Original Dated 8/3/2016)

Candidate Name  
**Walberg, Tim, L., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 9 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H4MI07103

**Transaction ID : B1B82C0302I**

Amount of Each Disbursement this Period

1000.00

Memo Item 2016 (Original Dated 8/3/2016) Redesignation of funds into General

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Mailing Address PO Box 1362

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement  
Redesignation of Funds out of Primary 2016 (original dated 8/3/2016)

Candidate Name  
**Walberg, Tim, L., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 9 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H4MI07103

**Transaction ID : B413F76BD1I**

Amount of Each Disbursement this Period

-1000.00

Memo Item Redesignation of Funds out of Primary 2016 (original dated 8/3/2016)

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Congressman Dana Rohrabacher**

Mailing Address PO Box 823

City  
Huntington Beach

State  
CA

Zip Code  
92648

Purpose of Disbursement

Candidate Name  
**Rohrabacher, Dana, T., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 48

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H8CA42061

**Transaction ID : B4DB6470AC**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

2500.00

**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. Committee To Re-Elect Henry Hank Johnson**

Mailing Address 6440 Old Hillandale Drive  
Suite 262

City Lithonia State GA Zip Code 30058

Purpose of Disbursement

Candidate Name

**Johnson, Hank, C., Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H6GA04129**

**Transaction ID : B8B164B737I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Trent Franks To Congress**

Mailing Address PO Box 8105

City Glendale State AZ Zip Code 85312

Purpose of Disbursement

Candidate Name

**Franks, Trent, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AZ District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H4AZ04024**

**Transaction ID : BF236F10F84**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CONNOLLY FOR CONGRESS**

Mailing Address 3706 PRADO PLACE

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement

Candidate Name

**Connolly, Gerry, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: VA District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H8VA11062**

**Transaction ID : BA4299B114**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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)

|                              |                              |  |                             |                              |
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| <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. COTTON FOR SENATE**

Mailing Address PO BOX 379

City  
DARDANELLE

State  
AR

Zip Code  
72834

Purpose of Disbursement

Candidate Name

**Cotton, Tom, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2AR04083

**Transaction ID : B207A791E1**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAWFORD FOR CONGRESS**

Mailing Address PO BOX 16956

City  
JONESBORO

State  
AR

Zip Code  
72403

Purpose of Disbursement

Candidate Name

**Crawford, Rick, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: AR District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0AR01083

**Transaction ID : B77992DDFE1**  
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City  
Elmhurst

State  
NY

Zip Code  
11373

Purpose of Disbursement

Candidate Name

**Crowley, Joseph, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H8NY07046

**Transaction ID : B1EE7061A6**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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**

**A. DARREN SOTO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 338 N MAGNOLIA AVENUE  
SUITE D

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement

Candidate Name  
**Soto, Darren, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: **C H6FL09179**  
**Transaction ID : B725B9F674:**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. David Scott For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Candidate Name  
**Scott, David, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 13

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H2GA13012**  
**Transaction ID : B8B6974FDE:**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Debbie Wasserman Schultz For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement

Candidate Name  
**Wasserman Schultz, Debbie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 23

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H4FL20023**  
**Transaction ID : B0EAD6B111**  
Amount of Each Disbursement this Period: 4000.00

Memo Item

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

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

6000.00

**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. Defazio For Congress**

Mailing Address PO Box 1316

City  
Springfield

State  
OR

Zip Code  
97477

Purpose of Disbursement

Candidate Name

**DeFazio, Pete, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H6OR04047

**Transaction ID : B7CEB753D3**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City  
Olympia

State  
WA

Zip Code  
98507

Purpose of Disbursement

Candidate Name

**Heck, Denny, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify)

State: WA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H0WA03161

**Transaction ID : BA36613B57!**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City  
GALLATIN

State  
TN

Zip Code  
37066-1437

Purpose of Disbursement

Candidate Name

**Black, Diane, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H0TN06257

**Transaction ID : B45881B5C2**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

6000.00

**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. Dina Titus For Congress**

Mailing Address PO Box 50614

City  
Henderson

State  
NV

Zip Code  
89016

Purpose of Disbursement

Candidate Name

**Titus, Dina, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C H8NV03036**

**Transaction ID : B75CFDC240**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Doggett For Us Congress**

Mailing Address PO Box 5843

City  
Austin

State  
TX

Zip Code  
78763

Purpose of Disbursement

Candidate Name

**Doggett, Lloyd, A., Rep., II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: TX District: 35

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C H4TX10028**

**Transaction ID : B11B337B7B**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Doyle For Congress Committee**

Mailing Address 205 Hawthorne Court

City  
Pittsburgh

State  
PA

Zip Code  
15221

Purpose of Disbursement

Candidate Name

**Doyle, Mike, F., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C H4PA18131**

**Transaction ID : B70121C008**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

10000.00



**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)

|                              |                              |  |                             |                              |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 3433

City  
PALM DESERT

State  
CA

Zip Code  
92261

Purpose of Disbursement

Candidate Name

**Ruiz, Raul, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H2CA36439**

**Transaction ID : B547A7C5DE**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dutch Ruppensberger For Congress**

Mailing Address 22 West Padonia Road Suite C-141

City  
Timonium

State  
MD

Zip Code  
21093

Purpose of Disbursement

Candidate Name

**Ruppensberger, Dutch, , Rep., III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H2MD02160**

**Transaction ID : BBB030E3A3**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Engel For Congress**

Mailing Address 462 California Road

City  
Bronxville

State  
NY

Zip Code  
10708

Purpose of Disbursement

Candidate Name

**Engel, Eliot, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H8NY19058**

**Transaction ID : BC47009CC1**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

**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. FREDERICA S. WILSON FOR CONGRESS**

Mailing Address 19821 NW 2ND AVENUE  
BOX 354

City MIAMI GARDENS State FL Zip Code 33169

Purpose of Disbursement

Candidate Name

**Wilson, Frederica, S., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 17

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0FL17068

**Transaction ID : B1790E6ED0**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Bill Posey**

Mailing Address 2525 Aurora Rd. Suite 102

City Melbourne State FL Zip Code 32935

Purpose of Disbursement

Candidate Name

**Posey, Bill, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H8FL15107

**Transaction ID : B61444E8620**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

Candidate Name

**Kildee, Dan, T., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2MI05119

**Transaction ID : B10516A58D**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143

Purpose of Disbursement

Candidate Name

**Joyce, Dave, P., Rep.,**

Office Sought:  House  Senate  President

State: OH District: 14

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2OH14064

**Transaction ID : B21E074E2A**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Dave Reichert**

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

Candidate Name

**Reichert, Dave, G., Rep.,**

Office Sought:  House  Senate  President

State: WA District: 08

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4WA08071

**Transaction ID : B908D014BA**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dick Durbin Committee**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

**Durbin, Dick, , Sen.,**

Office Sought:  House  Senate  President

State: IL District:

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** S6IL00151

**Transaction ID : B475CB8C54**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

**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**

**A. FRIENDS OF ELIZABETH ESTY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement

Candidate Name  
**Esty, Elizabeth, H., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CT District: 05

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H2CT05131**  
Transaction ID : **B180AC88ED**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Friends Of Farr**

Full Name (Last, First, Middle Initial)  
Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
**Farr, Sam, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 20

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H4CA17021**  
Transaction ID : **B4C8F0287DI**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Friends Of Jim Bridenstine Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address Pmb 230  
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement

Candidate Name  
**Bridenstine, Jim, F., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OK District: 01

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H2OK01143**  
Transaction ID : **B5A7CAEFB**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City  
Columbia

State  
SC

Zip Code  
29211

Purpose of Disbursement

Candidate Name

**Clyburn, James, E., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H2SC02042**

**Transaction ID : B5409190CB**  
Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City  
LAS VEGAS

State  
NV

Zip Code  
89136

Purpose of Disbursement

Candidate Name

**Heck, Joe, J., Rep., Jr.**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H0NV03058**

**Transaction ID : B34BE36FC4**  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN DELANEY**

Mailing Address PO BOX 70835

City  
BETHESDA

State  
MD

Zip Code  
20813

Purpose of Disbursement

Candidate Name

**Delaney, John, K., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: MD District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H2MD06195**

**Transaction ID : B8738224AC**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

6000.00

**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)<br><b>A. Friends Of Rosa DeLauro</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |                   |
| Mailing Address 12 Trumbull Street   |  | FEC Identification Number<br>C H0CT03072<br><b>Transaction ID : B6ABD08221</b><br>Amount of Each Disbursement this Period<br>1500.00 |                   |
| City<br>New Haven  | State<br>CT  | Zip Code<br>06511  | Category/<br>Type |
| Purpose of Disbursement  |  | Memo Item <input type="checkbox"/>   |                   |
| Candidate Name<br><b>DeLauro, Rosa, L., Rep.,</b>  |  | Disbursement For: 2016   |                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: CT  | District: 03   |  |                   |

|  |  |   |                   |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Sam Johnson</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |                   |
| Mailing Address P.O. Box 860096  |  | FEC Identification Number<br>C H2TX03118<br><b>Transaction ID : B792FD414F8</b><br>Amount of Each Disbursement this Period<br>1000.00 |                   |
| City<br>Plano  | State<br>TX  | Zip Code<br>75086   | Category/<br>Type |
| Purpose of Disbursement  |  | Memo Item <input type="checkbox"/>  |                   |
| Candidate Name<br><b>Johnson, Sam, R., Rep.,</b>   |  | Disbursement For: 2016  |                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: TX  | District: 03   |   |                   |

|  |  |  |                   |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. FRIENDS OF SCOTT DESJARLAIS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |                   |
| Mailing Address PO. BOX 90133  |  | FEC Identification Number<br>C H0TN04195<br><b>Transaction ID : B21E9E48A8</b><br>Amount of Each Disbursement this Period<br>2500.00 |                   |
| City<br>NASHVILLE  | State<br>TN  | Zip Code<br>37209  | Category/<br>Type |
| Purpose of Disbursement  |  | Memo Item <input type="checkbox"/>   |                   |
| Candidate Name<br><b>DesJarlais, Scott, E., Rep.,</b>  |  | Disbursement For: 2016   |                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: TN  | District: 04   |  |                   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 5000.00 |
| <b>TOTAL</b> 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)<br><b>A. Friends Of Sherrod Brown</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address PO Box 76187   |  | FEC Identification Number<br>C S6OH00163<br><b>Transaction ID : B54DF9B16B</b><br>Amount of Each Disbursement this Period<br>5000.00 |
| City<br>Washington   | State<br>DC  | Zip Code<br>20013  |
| Purpose of Disbursement  | Category/Type  | <input type="checkbox"/> Memo Item   |
| Candidate Name<br><b>Brown, Sherrod, C., Sen.,</b>   |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: OH  | District:  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FRIENDS OF SUSAN BROOKS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address 9425 N MERIDIAN STREET # 237   |  | FEC Identification Number<br>C H2IN05082<br><b>Transaction ID : B12F8CE037/</b><br>Amount of Each Disbursement this Period<br>3000.00 |
| City<br>INDIANAPOLIS   | State<br>IN  | Zip Code<br>46260-1308  |
| Purpose of Disbursement  | Category/Type  | <input type="checkbox"/> Memo Item  |
| Candidate Name<br><b>Brooks, Susan, W., Rep.,</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 05   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FRIENDS OF TODD YOUNG, INC.</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address PO BOX 1053  |  | FEC Identification Number<br>C S6IN00191<br><b>Transaction ID : BDC8E2EFFI</b><br>Amount of Each Disbursement this Period<br>2000.00 |
| City<br>BLOOMINGTON  | State<br>IN  | Zip Code<br>47402  |
| Purpose of Disbursement  | Category/Type  | <input type="checkbox"/> Memo Item   |
| Candidate Name<br><b>Young, Todd, C., Rep.,</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: IN  | District:  |  |

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

10000.00

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

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

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FOR LINE NUMBER:  
(check only one)

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

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

**A. Garamendi For Congress**

Full Name (Last, First, Middle Initial)  
Garamendi, John, R., Rep.,

Mailing Address C/O California Political Law, Inc.  
3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement

Candidate Name  
Garamendi, John, R., Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: CA District: 03

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H0CA10149  
Transaction ID : BF1942863A  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Gene Green Congressional Campaign**

Full Name (Last, First, Middle Initial)  
Green, Gene, , Rep.,

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name  
Green, Gene, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: TX District: 29

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H2TX29030  
Transaction ID : B062BD7C52  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. GEORGE HOLDING FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
Holding, George, E.B., Rep.,

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name  
Holding, George, E.B., Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: NC District: 02

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H2NC13110  
Transaction ID : BF3E058DCI  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

8500.00

**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. GREGG HARPER FOR CONGRESS**

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2016

Mailing Address POST OFFICE BOX 54344

FEC Identification Number  
**C** H8MS03067  
**Transaction ID : BB2A646DC0**  
Amount of Each Disbursement this Period  
1000.00

City PEARL State MS Zip Code 39288

Purpose of Disbursement

Category/Type

Candidate Name  
**Harper, Gregg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: MS District: 03

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2016

Mailing Address PO BOX 9639

FEC Identification Number  
**C** H8KY02031  
**Transaction ID : B3B1C435B5:**  
Amount of Each Disbursement this Period  
2500.00

City BOWLING GREEN State KY Zip Code 42102-9639

Purpose of Disbursement

Category/Type

Candidate Name  
**Guthrie, Brett, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: KY District: 02

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2016

Mailing Address 5310 W. Cullom Ave

FEC Identification Number  
**C** H2IL08039  
**Transaction ID : BE0CFC9DB**  
Amount of Each Disbursement this Period  
1000.00

City Chicago State IL Zip Code 60641

Purpose of Disbursement

Category/Type

Candidate Name  
**Gutierrez, Luis, V., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: IL District: 04

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Hal Rogers For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement

Candidate Name  
**Rogers, Hal, D., Rep.,**

Office Sought:  House  Senate  President  
State: KY District: 05

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H0KY05015**  
Transaction ID : **B776F13EE0!**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Hastings For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement

Candidate Name  
**Hastings, Alcee, L., Rep.,**

Office Sought:  House  Senate  President  
State: FL District: 20

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H2FL23021**  
Transaction ID : **B431602150F**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. HIMES FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 857 POST ROAD, #312

City FAIRFIELD State CT Zip Code 06824

Purpose of Disbursement

Candidate Name  
**Himes, Jim, A., Rep.,**

Office Sought:  House  Senate  President  
State: CT District: 04

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H8CT04172**  
Transaction ID : **B4B9999107!**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

6000.00

**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)<br><b>A. HUDSON FOR CONGRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address PO BOX 5053  |  | FEC Identification Number<br>C H2NC08185<br><b>Transaction ID : B8D167EF10:</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>CONCORD  | State<br>NC  | Zip Code<br>28027-1500  |
| Purpose of Disbursement  |  | Category/Type   |
| Candidate Name<br><b>Hudson, Richard, L., Rep., Jr.</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NC  | District: 08   |   |
| <input type="checkbox"/> Memo Item   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jackie Speier For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address Post Office Box 112  |  | FEC Identification Number<br>C H8CA12171<br><b>Transaction ID : BB7481AA7B:</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>Burlingame   | State<br>CA  | Zip Code<br>94011   |
| Purpose of Disbursement  |  | Category/Type   |
| Candidate Name<br><b>Speier, Jackie, , Rep.,</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA  | District: 14   |   |
| <input type="checkbox"/> Memo Item   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JASON SMITH FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address PO BOX 1324  |  | FEC Identification Number<br>C H4MO08162<br><b>Transaction ID : B9FAF9E047:</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>CAPE GIRARDEAU   | State<br>MO  | Zip Code<br>63702-1324  |
| Purpose of Disbursement  |  | Category/Type   |
| Candidate Name<br><b>Smith, Jason, T., Rep.,</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: MO  | District: 08   |   |
| <input type="checkbox"/> Memo Item   |  |   |

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

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

|         |
|---------|
| 3000.00 |
|         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Jeff Merkley for Oregon**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 29136

City: Portland State: OR Zip Code: 97296

Purpose of Disbursement:  Category/Type

Candidate Name: Merkley, Jeff, A., Sen.,

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OR District: \_\_\_\_\_

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C S8OR00207  
Transaction ID : **BD4228E329I**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Joe Wilson For Congress Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2145

City: West Columbia State: SC Zip Code: 29171

Purpose of Disbursement:  Category/Type

Candidate Name: Wilson, Joe, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SC District: 02

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H2SC02059  
Transaction ID : **B3994FF977L**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. John Lewis For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 2323

City: Atlanta State: GA Zip Code: 30301

Purpose of Disbursement:  Category/Type

Candidate Name: Lewis, John, R., Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 05

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H6GA05217  
Transaction ID : **B880DD5196**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

3500.00

**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. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 14496

City  
POLAND

State  
OH

Zip Code  
44514

Purpose of Disbursement

Candidate Name

**Johnson, Bill, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

**C** H0OH06189

**Transaction ID : BF72CFB1A6**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Judy Chu For Congress**

Mailing Address 6380 Wilshire Blvd # 1612

City  
Los Angeles

State  
CA

Zip Code  
90048

Purpose of Disbursement

Candidate Name

**Chu, Judy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0CA32101

**Transaction ID : B88A0E57F84**

Amount of Each Disbursement this Period

2000.00

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

Candidate Name

**Brownley, Julia, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2CA00120

**Transaction ID : B3029F0291!**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9500.00

**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**

**A. KANSANS FOR HUELSKAMP**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 410

City FOWLER State KS Zip Code 67844-0410

Purpose of Disbursement

Candidate Name  
**Huelskamp, Tim, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KS District: 01

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H6KS01146**  
Transaction ID : **BA99141AC8**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Kaptur For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1841 Dority Rd

City Toledo State OH Zip Code 43615

Purpose of Disbursement

Candidate Name  
**Kaptur, Marcy, C., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 09

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H2OH09031**  
Transaction ID : **B8346D15CA:**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Karen Bass For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 S. Figueroa Street Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

Candidate Name  
**Bass, Karen, R., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 37

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H0CA33117**  
Transaction ID : **BD94754E2C**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

**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. KATHLEEN RICE FOR CONGRESS**

Mailing Address 410 JERICHO TURNPIKE  
SUITE 200

City JERICHO State NY Zip Code 11753

Purpose of Disbursement

Candidate Name

**Rice, Kathleen, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H4NY04075**

**Transaction ID : BC64845833I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ken Calvert For Congress Committee**

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement

Candidate Name

**Calvert, Ken, S., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 42

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H2CA37023**

**Transaction ID : B2D74F9FA4**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

Candidate Name

**Marchant, Kenny, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H4TX24094**

**Transaction ID : BC820E3566**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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**

**A. Kind For Congress Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
**Kind, Ron, J., Rep.,**

Office Sought:  House  Senate  President  
State: WI District: 03  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C H6WI03099  
**Transaction ID : B593CC3378**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**B. King For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Main St.  
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement

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

Office Sought:  House  Senate  President  
State: IA District: 04  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C H2IA05072  
**Transaction ID : B015766C80F**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**C. KINZINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350-6965

Purpose of Disbursement

Candidate Name  
**Kinzinger, Adam, D., Rep.,**

Office Sought:  House  Senate  President  
State: IL District: 16  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C H0IL11052  
**Transaction ID : BA87125926**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

11000.00



**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)<br><b>A. KRISTI FOR CONGRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016                        |
| Mailing Address PO BOX 852   |  | FEC Identification Number<br>C H0SD00054<br><b>Transaction ID : B312DA2965I</b> |
| City<br>SIOUX FALLS  | State<br>SD  | Zip Code<br>57101   |
| Purpose of Disbursement  |  | Amount of Each Disbursement this Period<br>1000.00                              |
| Candidate Name<br><b>Noem, Kristi, Lynn, Rep.,</b>   |  | Category/Type   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: SD  | District: 01   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Lamborn For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016                        |
| Mailing Address P.O. Box 64107   |  | FEC Identification Number<br>C H6CO05159<br><b>Transaction ID : B26A1FF9B0I</b> |
| City<br>Colorado Springs   | State<br>CO  | Zip Code<br>80962   |
| Purpose of Disbursement  |  | Amount of Each Disbursement this Period<br>1000.00                              |
| Candidate Name<br><b>Lamborn, Doug, L., Rep.,</b>  |  | Category/Type   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: CO  | District: 05   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LANCE FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016                       |
| Mailing Address PO BOX 225   |  | FEC Identification Number<br>C H6NJ12136<br><b>Transaction ID : B1B604AC5I</b> |
| City<br>COLONIA  | State<br>NJ  | Zip Code<br>07067  |
| Purpose of Disbursement  |  | Amount of Each Disbursement this Period<br>1000.00                             |
| Candidate Name<br><b>Lance, Leonard, , Rep.,</b>   |  | Category/Type  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: NJ  | District: 07   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3000.00 |
| <b>TOTAL</b> 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)<br><b>A. Langevin For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address 181a Knight Street  |  | FEC Identification Number<br>C H0RI02139<br><b>Transaction ID : B3A2DD2151</b><br>Amount of Each Disbursement this Period<br>7000.00 |
| City<br>Warwick   | State<br>RI  | Zip Code<br>02886  |
| Purpose of Disbursement   | Category/Type  | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Langevin, Jim, R., Rep.,</b>   | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: RI District: 02   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Larson For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address 330 Main Street   |  | FEC Identification Number<br>C H8CT01046<br><b>Transaction ID : B735609F139</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>Hartford  | State<br>CT  | Zip Code<br>06106   |
| Purpose of Disbursement   | Category/Type  | Memo Item <input type="checkbox"/>  |
| Candidate Name<br><b>Larson, John, B., Rep.,</b>  | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: CT District: 01   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Latta For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address P.O. Box 106  |  | FEC Identification Number<br>C H8OH05036<br><b>Transaction ID : B9B924926A</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>Bowling Green   | State<br>OH  | Zip Code<br>43402  |
| Purpose of Disbursement   | Category/Type  | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Latta, Bob, E., Rep.,</b>  | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: OH District: 05   |  |

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

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

|         |
|---------|
| 7000.00 |
|         |

**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. Lobiondo For Congress**

Mailing Address P.O. Box 550

City  
Vineland

State  
NJ

Zip Code  
08362

Purpose of Disbursement

Candidate Name

**LoBiondo, Frank, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2NJ02037

**Transaction ID : B342F238182**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Loesack For Congress**

Mailing Address PO Box 2720

City  
Cedar Rapids

State  
IA

Zip Code  
52406

Purpose of Disbursement

Candidate Name

**Loesack, Dave, W., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6IA02146

**Transaction ID : B88B2915B5C**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lofgren For Congress**

Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

City  
San Jose

State  
CA

Zip Code  
95112

Purpose of Disbursement

Candidate Name

**Lofgren, Zoe, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4CA16049

**Transaction ID : B7E495275A**

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. LOIS FRANKEL FOR CONGRESS**

Mailing Address PO BOX 812421

City  
BOCA RATON

State  
FL

Zip Code  
33481

Purpose of Disbursement

Candidate Name

**Frankel, Lois, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2FL14053

**Transaction ID : BAB6880956I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOU CORREA FOR CONGRESS**

Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City  
SAN MARCOS

State  
CA

Zip Code  
92079

Purpose of Disbursement

Candidate Name

**Correa, Jose, Luis, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6CA46116

**Transaction ID : B70B6F5E8B:**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 730

City  
Honeoye

State  
NY

Zip Code  
14471

Purpose of Disbursement

Candidate Name

**Slaughter, Louise, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6NY03031

**Transaction ID : B2368A24A8**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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)<br><b>A. Lucille Roybal-Allard For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address 6 E Street, Se  |  | FEC Identification Number<br>C H2CA33048<br><b>Transaction ID : B61356FAD2</b><br>Amount of Each Disbursement this Period<br>2000.00                 |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003  |
| Purpose of Disbursement   | Category/Type  | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Roybal-Allard, Lucille, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: CA   | District: 40   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LYNN JENKINS FOR CONGRESS</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address PO BOX 1441  |  | FEC Identification Number<br>C H8KS02090<br><b>Transaction ID : BF0755C6DD</b><br>Amount of Each Disbursement this Period<br>1000.00                 |
| City<br>TOPEKA   | State<br>KS  | Zip Code<br>66601-1441   |
| Purpose of Disbursement  | Category/Type  | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Jenkins, Lynn, M., Rep.,</b>                              | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: KS  | District: 02   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mark Pocan For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2016   |
| Mailing Address 309 N Baldwin St   |  | FEC Identification Number<br>C H2WI02124<br><b>Transaction ID : B706BF8BF0</b><br>Amount of Each Disbursement this Period<br>1000.00                 |
| City<br>Madison  | State<br>WI  | Zip Code<br>53703  |
| Purpose of Disbursement<br>Replaces lost check 5166 dated 8-29-2016          | Category/Type  | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Pocan, Mark, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: WI  | District: 02   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4000.00 |
| <b>TOTAL</b> 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**

**A. MARK TAKANO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 5214

City RIVERSIDE State CA Zip Code 92517

Purpose of Disbursement

Candidate Name  
**Takano, Mark, A., Rep.,**

Office Sought:  House  Senate  President  
State: CA District: 41

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number: **C H2CA43245**  
Transaction ID : **B6C3C278BE**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Matsui For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

Candidate Name  
**Matsui, Doris, O., Rep.,**

Office Sought:  House  Senate  President  
State: CA District: 06

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number: **C H6CA05195**  
Transaction ID : **B61A358D27f**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Mccollum For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement

Candidate Name  
**McCollum, Betty, , Rep.,**

Office Sought:  House  Senate  President  
State: MN District: 04

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number: **C HOMN04049**  
Transaction ID : **B450CC1F74**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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**

**A. Mchenry For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

Candidate Name  
**McHenry, Patrick, T., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 10

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H4NC10047**  
Transaction ID : **B415999D80C**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. MCKINLEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement

Candidate Name  
**McKinley, David, B., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WV District: 01

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H0WV01072**  
Transaction ID : **B3C35598D2/**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Mcnerney For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 6250 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement

Candidate Name  
**McNerney, Jerry, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 09

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C H4CA11081**  
Transaction ID : **B38D8EDDFI**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

**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)<br><b>A. Michael Burgess For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address PO Box 2334  |  | FEC Identification Number<br>C H2TX26093<br>Transaction ID : B3B41FD3BE<br>Amount of Each Disbursement this Period<br>4000.00 |
| City<br>Denton   | State<br>TX  | Zip Code<br>76202   |
| Purpose of Disbursement  |  | Category/Type   |
| Candidate Name<br><b>Burgess, Michael, C., Rep.,</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: TX  | District: 26   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MIKE BOST FOR CONGRESS COMMITTEE</b>                                     |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016   |
| Mailing Address PO BOX 1212   |  | FEC Identification Number<br>C<br>Transaction ID : BC890133FDI<br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>MURPHYSBORO   | State<br>IL  | Zip Code<br>62966  |
| Purpose of Disbursement   |  | Category/Type  |
| Candidate Name<br><b>Bost, Mike, , Rep.,</b>  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item   |
| State:  | District:  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MIKE KELLY FOR CONGRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2016  |
| Mailing Address PO BOX 476   |  | FEC Identification Number<br>C HOPA03271<br>Transaction ID : BD2460CD2E<br>Amount of Each Disbursement this Period<br>1500.00 |
| City<br>LYNDORA  | State<br>PA  | Zip Code<br>16045   |
| Purpose of Disbursement  |  | Category/Type   |
| Candidate Name<br><b>Kelly, Mike, , Rep., Jr.</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: PA  | District: 03   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6500.00 |
| <b>TOTAL</b> 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. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City  
CHRISTIANSBURG

State  
VA

Zip Code  
24068

Purpose of Disbursement

Candidate Name

**Griffith, Morgan, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H0VA09055

**Transaction ID : B5820916056**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MULLIN FOR CONGRESS**

Mailing Address PO BOX 2156

City  
CLAREMORE

State  
OK

Zip Code  
74018

Purpose of Disbursement

Candidate Name

**Mullin, Markwayne, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: OK District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H2OK02083

**Transaction ID : B39B368BBC**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW YORKERS FOR YVETTE D CLARKE**

Mailing Address 242 MIDWOOD STREET

City  
BROOKLYN

State  
NY

Zip Code  
11225

Purpose of Disbursement

Candidate Name

**Clarke, Yvette, D., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H4NY11138

**Transaction ID : BF808F7F5C**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City  
SUGAR LAND

State  
TX

Zip Code  
77496-6381

Purpose of Disbursement

Candidate Name

**Olson, Pete, G., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H8TX22107

**Transaction ID : B869020E747**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City  
Long Branch

State  
NJ

Zip Code  
07740

Purpose of Disbursement

Candidate Name

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

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify)

State: NJ District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H8NJ03073

**Transaction ID : BC334EC386!**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pascrell for Congress, Inc.**

Mailing Address PO Box 100

City  
Teaneck

State  
NJ

Zip Code  
07666-0100

Purpose of Disbursement

Candidate Name

**Pascrell, Bill, J., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C** H6NJ08118

**Transaction ID : B4B2EE5873**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. PAT MEEHAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Meehan, Patrick, L., Rep., Jr.

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 07

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C HOPA07082  
Transaction ID : B2FC15336F  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Pat Toomey For Senate Committee**

Full Name (Last, First, Middle Initial)  
Toomey, Pat, J., Sen.,

Mailing Address 2720 Jordan Road  
2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement  Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C S4PA00121  
Transaction ID : B6AA9952B0  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. PAUL TONKO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Tonko, Paul, D., Rep.,

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 20

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H8NY21203  
Transaction ID : B78B0F09A6  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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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. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement

Candidate Name  
**Lujan, Ben, Ray, Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C H8NM03196  
**Transaction ID : BAA0563755**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement

Candidate Name  
**Kilmer, Derek, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C H2WA06129  
**Transaction ID : B16F185F0D4**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Candidate Name  
**Perlmutter, Ed, G., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C H6CO07023  
**Transaction ID : B240EEB2EE**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

6000.00

**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. Pete King For Congress Committee**

Mailing Address Post Office Box 1428

City  
Seaford

State  
NY

Zip Code  
11783

Purpose of Disbursement

Candidate Name

**King, Pete, T., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2NY03089

**Transaction ID : B8BB27E915**  
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Peterson For Congress**

Mailing Address 26192 Floyd Lake Point Road

City  
Detroit Lakes

State  
MN

Zip Code  
56501

Purpose of Disbursement

Candidate Name

**Peterson, Collin, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2MN07014

**Transaction ID : BB0A3BA96E**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pingree For Congress**

Mailing Address PO Box 17613

City  
Portland

State  
ME

Zip Code  
04112

Purpose of Disbursement

Candidate Name

**Pingree, Chellie, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H8ME01120

**Transaction ID : BF42A828F6**  
Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

**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)

|                              |                              |  |                             |                              |
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| <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. POMPEO FOR CONGRESS INC**

Mailing Address PO BOX 780146

City  
WICHITA

State  
KS

Zip Code  
67212

Purpose of Disbursement

Candidate Name

**Pompeo, Mike, R., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** HOKS04051

**Transaction ID : BD4F0CCB9I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City  
Roswell

State  
GA

Zip Code  
30077

Purpose of Disbursement

Candidate Name

**Price, Tom, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4GA06087

**Transaction ID : B2E8A47F88z**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. QUIGLEY FOR CONGRESS**

Mailing Address PO BOX 13040

City  
CHICAGO

State  
IL

Zip Code  
60613

Purpose of Disbursement

Candidate Name

**Quigley, Mike, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0IL05096

**Transaction ID : B930AC55A3**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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. RALPH ABRAHAM FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address P.O. BOX 270

City ARCHIBALD State LA Zip Code 71218

FEC Identification Number

|   |           |
|---|-----------|
| C                                       | H4LA05221 |
| <b>Transaction ID : B0C49D0455I</b>     |           |
| Amount of Each Disbursement this Period |           |
|   | 1000.00   |

Purpose of Disbursement

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

**Abraham, Ralph, L., Rep., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: LA District: 05

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rangel for Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address PO Box 5577  
Manhattanville Station

City New York State NY Zip Code 10027

FEC Identification Number

|   |           |
|---|-----------|
| C                                       | H6NY19029 |
| <b>Transaction ID : B7AF8EDB28</b>      |           |
| Amount of Each Disbursement this Period |           |
|   | 4000.00   |

Purpose of Disbursement

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

**Rangel, Charles, B., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: NY District: 13

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ribble For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

FEC Identification Number

|   |           |
|---|-----------|
| C                                       | HOWI08075 |
| <b>Transaction ID : BD2285FF02</b>      |           |
| Amount of Each Disbursement this Period |           |
|   | 2500.00   |

Purpose of Disbursement

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

**Ribble, Reid, J., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: WI District: 08

Memo Item

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

|         |
|---------|
| 7500.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. Richard E Neal For Congress Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

FEC Identification Number

**C H8MA02041**

**Transaction ID : B0F2C799DA**

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

**Neal, Richard, E., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MA District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rob Bishop For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address PO Box 2010

City Brigham City State UT Zip Code 84302

FEC Identification Number

**C H2UT01094**

**Transaction ID : BD29971FC8**

Amount of Each Disbursement this Period

1500.00

Candidate Name

**Bishop, Rob, W., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: UT District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**C. RODNEY FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568-0344

FEC Identification Number

**C H2IL13120**

**Transaction ID : B7CA60EEA**

Amount of Each Disbursement this Period

1500.00

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 13

Memo Item

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

6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

**Roskam, Peter, J., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6IL06117

**Transaction ID : B63C89A32C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement

Candidate Name

**Ros-Lehtinen, Ileana, C., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 27

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0FL18025

**Transaction ID : BB145EFC5B**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sanford Bishop For Congress**

Mailing Address P. O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement

Candidate Name

**Bishop, Sanford, D., Rep., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2GA02031

**Transaction ID : B000B8BF88**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

7500.00

**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. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSON

State  
LA

Zip Code  
70183-3219

Purpose of Disbursement

Candidate Name

**Scalise, Steve, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0LA01087

**Transaction ID : BCEA0D343E**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City  
Evanston

State  
IL

Zip Code  
60204

Purpose of Disbursement

Candidate Name

**Schakowsky, Jan, D., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H8IL09067

**Transaction ID : B1F6139E638**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City  
Los Angeles

State  
CA

Zip Code  
90017

Purpose of Disbursement

Candidate Name

**Schiff, Adam, B., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0CA27085

**Transaction ID : B56669E736I**

Amount of Each Disbursement this Period

1500.00

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. Sensenbrenner Committee**

Mailing Address P. O. Box 575

City  
Brookfield

State  
WI

Zip Code  
53008

Purpose of Disbursement

Candidate Name

**Sensenbrenner, Jim, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H8WI09050**

**Transaction ID : B4442EDA91.**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Shaheen For Senate Committee**

Mailing Address 2 1/2 Beacon Street

City  
Concord

State  
NH

Zip Code  
03301

Purpose of Disbursement

Candidate Name

**Shaheen, Jeanne, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: NH District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C S0NH00219**

**Transaction ID : BD3A7EC017**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sires For Congress**

Mailing Address 6050 Blvd. East

City  
West New York

State  
NJ

Zip Code  
07093

Purpose of Disbursement

Candidate Name

**Sires, Albio, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C H6NJ13191**

**Transaction ID : B6BE6B2F34**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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. Stephen F. Lynch For Congress Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address 105 Farragut Road

FEC Identification Number

|   |           |
|---|-----------|
| C | H2MA09072 |
|---|-----------|

City South Boston State MA Zip Code 02127

Transaction ID : **B89CFC845B**  
Amount of Each Disbursement this Period

Purpose of Disbursement

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

**Lynch, Stephen, F., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address 4679 Winterset Drive

FEC Identification Number

|   |           |
|---|-----------|
| C | H8OH15076 |
|---|-----------|

City Columbus State OH Zip Code 43220

Transaction ID : **B48282DA36f**  
Amount of Each Disbursement this Period

Purpose of Disbursement

|         |
|---------|
| 1500.00 |
|---------|

Candidate Name

**Stivers, Steve, E., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY FOR ILLINOIS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2016      |

Mailing Address PO BOX 10793

FEC Identification Number

|   |           |
|---|-----------|
| C | S6IL00292 |
|---|-----------|

City CHICAGO State IL Zip Code 60610

Transaction ID : **B3A67AE992**  
Amount of Each Disbursement this Period

Purpose of Disbursement

|         |
|---------|
| 1500.00 |
|---------|

Candidate Name

**Duckworth, L., Tammy, ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Memo Item

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

|         |
|---------|
| 4000.00 |
|---------|

**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. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name

**Barton, Joe, L., Rep.,**

Office Sought:  House  Senate  President

State: TX District: 06

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4TX06117

**Transaction ID : B3AC5AD08E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE NIKI TSONGAS COMMITTEE**

Mailing Address PO BOX 1454

City LOWELL State MA Zip Code 01853

Purpose of Disbursement

Candidate Name

**Tsongas, Niki, S., Rep.,**

Office Sought:  House  Senate  President

State: MA District: 03

Disbursement For: 2016  
 Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H8MA05143

**Transaction ID : B21236DD7C!**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

**Tiberi, Pat, J., Rep.,**

Office Sought:  House  Senate  President

State: OH District: 12

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0OH12062

**Transaction ID : BFE15415F2**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Ryan For Congress**

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement

Candidate Name

**Ryan, Tim, J., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 13

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2OH17109

**Transaction ID : B0AFF990E4**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TIM WALZ FOR US CONGRESS**

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement

Candidate Name

**Walz, Tim, J., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6MN01174

**Transaction ID : B02561B0643**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address 221 Washington Street

City Corning State NY Zip Code 14830

Purpose of Disbursement

Candidate Name

**Reed, Tom, W., Rep., II**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H0NY29054

**Transaction ID : BDFD1744C**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement

Candidate Name

**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
State: CA District: 29

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2CA28113

**Transaction ID : B2F1009F7Fc**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Udall For Us All**

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

**Udall, Tom, S., Sen.,**

Office Sought:  House  Senate  President  
State: NM District:

Disbursement For: 2020  
 Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** S8NM00184

**Transaction ID : B8A1C0B9D9**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

**Upton, Fred, S., Rep.,**

Office Sought:  House  Senate  President  
State: MI District: 06

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H6MI04113

**Transaction ID : BBB91E87Df**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

**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. VAN HOLLEN FOR SENATE**

Mailing Address 10605 CONCORD ST SUITE 202

City  
KENSINGTON

State  
MD

Zip Code  
20895

Purpose of Disbursement

Candidate Name

**Vanhollen, Chris, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** S6MD03441

**Transaction ID : BE36CD5B54**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VARGAS FOR CONGRESS**

Mailing Address 330 ENCINITAS BLVD., SUITE 101

City  
ENCINITAS

State  
CA

Zip Code  
92024

Purpose of Disbursement

Candidate Name

**Vargas, Juan, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H2CA50026

**Transaction ID : BA0A15B49D**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walberg For Congress**

Mailing Address PO Box 1362

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement

Candidate Name

**Walberg, Tim, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** H4MI07103

**Transaction ID : B2DE8DD98;**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7000.00

**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. Walden For Congress**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement

Candidate Name

**Walden, Greg, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C H6OR02116**

**Transaction ID : B7DB871ADI**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Welch For Congress**

Mailing Address PO Box 1682

City  
Burlington

State  
VT

Zip Code  
05402

Purpose of Disbursement

Candidate Name

**Welch, Peter, F., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: VT District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C H6VT00160**

**Transaction ID : B2504EA583E**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Yarmuth For Congress**

Mailing Address 1819 Brownsboro Road

City  
Louisville

State  
KY

Zip Code  
40202

Purpose of Disbursement

Candidate Name

**Yarmuth, John, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 1 | 6 |

FEC Identification Number

**C H6KY03124**

**Transaction ID : B4904B8B96**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10500.00

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

326500.00