

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

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

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

5. Covering Period 04 / 01 / 2019 through 04 / 30 / 2019

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

Signature of Treasurer Simon, Janet, , Dr., [Electronically Filed] Date 10 / 17 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		326211.56
(b) Cash on Hand at Beginning of Reporting Period.....	514666.92	
(c) Total Receipts (from Line 19)	28215.02	198320.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	542881.94	524531.94
7. Total Disbursements (from Line 31).....	0.00	- 18350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	542881.94	542881.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 04 / 01 / 2019 To: 04 / 30 / 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19315.83	140840.16
(ii) Unitemized	8899.19	57480.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28215.02	198320.38
(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)	28215.02	198320.38
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)).....▶	28215.02	198320.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28215.02	198320.38

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	- 18500.00
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)) ..	0.00	- 18350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	- 18350.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28215.02	198320.38
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28215.02	198170.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<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	

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. Barth, Lindsay, Dean, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Next Step Foot & Ankle Centers
 5139 MAttis Rd. #102
 City Saint Louis State MO Zip Code 63128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tesson Ferry Foot & Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2019
Transaction ID : A3AB9AA7424D04AC8AB1
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Beasley, Bradley, Don, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Restoration Foot & Ankle, PLLC
 800 W. Boise Cir. #150
 City Broken Arrow State OK Zip Code 74012-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Restoration Foot & Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 29 / 2019
Transaction ID : ABEE498EBB40B4461A3A
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Bohm, Jaclyn, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fairview Rosemount Clinic
 15075 Cimmaron Ave.
 City Rosemount State MN Zip Code 55068
 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 04 / 02 / 2019
Transaction ID : A4AEC4BA990294E15AB5
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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. Bowers, Cody, Alan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Milltown Rd. #24
 City Wilmington State DE Zip Code 19808-4084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot Care Group, PA Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 17 / 2019
Transaction ID : A80FF190F310A4BD58F1
 Amount of Each Receipt this Period 300.00
 Memo Item

B. 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 Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 11 / 2019
Transaction ID : A0B562DD5F06E45B2BB6
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt 04 / 07 / 2019
Transaction ID : A8BFC2E7D9DD840E2A0D
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<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. Chapel, Charles, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12084 Cortez Blvd.
 City Brooksville State FL Zip Code 34613-7371
 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 **04 / 04 / 2019**
Transaction ID : AF8EB5194EA13457AADD
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Cloud, Evelyn, M., Dr., IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8211 Mar Del Plata St. E.
 City Jacksonville State FL Zip Code 32256-7349
 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 **04 / 15 / 2019**
Transaction ID : A48153D5816704FDF98F
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 Robert Blvd. #190
 City Slidell State LA Zip Code 70458-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 17 / 2019**
Transaction ID : AFE4EFDCC2BFD4BF3AC2
 Amount of Each Receipt this Period 150.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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. Doyle, Robert, Jeffrey, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6550 Naaman Forest Blvd. #200
 City Garland State TX Zip Code 75044-5691
 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 04 / 02 / 2019
Transaction ID : A521F6FAE97B44183A93
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Esarey, Felix, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Tri-County Podiatry 1585 Santa Barbara Blvd. #B
 City The Villages State FL Zip Code 32159-6820
 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 04 / 02 / 2019
Transaction ID : A024E555D515B496FB24
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Frimmel, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106
 City Sarasota State FL Zip Code 34239-2941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 04 / 2019
Transaction ID : A865CDBB5E45C4602875
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. Geduldig, Steven, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot Specialists of Kansas City
8550 Marshall Dr. #120

City Overland Park	State KS	Zip Code 66214-9836
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot Specialists	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : A6D9C515B0A8F49B4803

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4650 Southwest Hwy.

City Oak Lawn	State IL	Zip Code 60453-1836
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2019

Transaction ID : A27B6481DA77F4D698D1

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 2218 Simpson Ave.

City Aberdeen	State WA	Zip Code 98520-3514
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2019

Transaction ID : A8A85BEC5BDC4672B62

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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. Huppin, Lawrence, Zane, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Center of WA
 600 Broadway #220
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Center of WA Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2019
Transaction ID : AEA708A38CC8D40C1A85
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Karpo, Harvey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 649 N. Broad St.
 City Woodbury State NJ Zip Code 08096-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2019
Transaction ID : A4518A50A5C414BA39AA
 Amount of Each Receipt this Period 187.50
 Memo Item

C. Lambert, Mark, Andrew, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Pensacola Foot & Ankle Center
 4850 N. 9th Ave.
 City Pensacola State FL Zip Code 32503-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pensacola Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2019
Transaction ID : AB7173D9E6C5B4395802
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	787.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<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. Lantsberger, Rae, Louise, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Gresham Foot Clinic
610 S.W. Alder St. #506

City Portland State OR Zip Code 97205-3606

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

Name of Employer (for Individual) Gresham Foot Clinic Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 13 / 2019**

Transaction ID : AE143CD58EAC1429F970

Amount of Each Receipt this Period 500.00

Memo Item

B. 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 ▼ 333.32

Date of Receipt **04 / 16 / 2019**

Transaction ID : A0CCC89288C27439FABF

Amount of Each Receipt this Period 83.33

Memo Item

C. Marshall, Terrol, Duane, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Blue Mountain Foot Specialists
714 S.W. Dorion Ave.

City Pendleton State OR Zip Code 97801-2086

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 **04 / 13 / 2019**

Transaction ID : A9CBEEE9AB3D14C00806

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	883.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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. McAlexander, James, Douglas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Gig Harbor Foot & Ankle Clinic
 3309 56th St. #108
 City Gig Harbor State WA Zip Code 98335-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIG HARBOR FOOT AND ANKLE CLINIC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 06 / 2019**
Transaction ID : AF1126861F3E74D818C7
 Amount of Each Receipt this Period 150.00
 Memo Item

B. McCammon, Derek, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24076 S.E. Stark St. #110
 City Gresham State OR Zip Code 97030-3374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advantage Orthopedic & Sports Medicine Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 13 / 2019**
Transaction ID : A153B362602E04BA7997
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Monson, Douglas, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Kaiser Permanente Riverfront Med.
 322 W. North River Dr.
 City Spokane State WA Zip Code 99201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 06 / 2019**
Transaction ID : A94A2613E11A74943972
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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. Morris, Kevin, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle of Wenatchee
 616 N. Chelan Ave.
 City Wenatchee State WA Zip Code 98801-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WWMG Cascade Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2019
Transaction ID : AE98630A6F42E41F9A0E
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Moulton, Rockwell, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17226 30th Ave. N.E.
 City Lake Forest Park State WA Zip Code 98155-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2019
Transaction ID : A1FB8C97507B94D3A8B9
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Napolitano, Coleen, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Loyola University Medical Center
 2160 S. 1st Ave. Bldg. 105 #1700
 City Maywood State IL Zip Code 60153-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center 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
 04 / 10 / 2019
Transaction ID : A668D557FD6784014B83
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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. Nassif, Eugene, L., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 Blairs Ferry Rd.
 City Marion State IA Zip Code 52302-3016
 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 **04 / 10 / 2019**
Transaction ID : A2572C29F4853469E967
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Pantiel, Derek, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4113 Oleander Dr. #G
 City Wilmington State NC Zip Code 28403-6840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Instride Summit Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 18 / 2019**
Transaction ID : A69844D41617248BB843
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Prins, Darrell, Duane, Dr., DPM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lincoln County Foot Health Center
 3011 N.E. West Devils Lake Rd.
 City Lincoln City State OR Zip Code 97367-5131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincoln County Foot Health Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 13 / 2019**
Transaction ID : A3F20AB7CFCEF4B12AEB
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
<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. Rubinstein, Greg, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Grange Rd.

City Teaneck	State NJ	Zip Code 07666-4409
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : A60C83C592BD045CE992

Amount of Each Receipt this Period
100.00

Memo Item

B. Schatz, Steven, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Ankle & Foot Clinic
1114 Broadway St.

City Longview	State WA	Zip Code 98632-3842
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2019

Transaction ID : A9B775CA4B97E461BA09

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 7816 English Way

City Bethesda	State MD	Zip Code 20817-1966
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot and Ankle Specialists of the Mid	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : AAF0ACDD237304471A96

Amount of Each Receipt this Period
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20
	<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. Shimahara, Lilly, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8958 Riverside Dr.

City Parker	State AZ	Zip Code 85344-8088
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indian Health Service	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2019

Transaction ID : A5026C2FF92084DCCAFF

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address American Board of Podaitric Medici
1800 Sullivan Ave. #401

City Daly City	State CA	Zip Code 94015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Board of Podaitric Medicine	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2019

Transaction ID : AE75565E796314FEE9F2

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 309 E. 14th Ave. #104B

City Spokane	State WA	Zip Code 99202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Family Foot Center	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2019

Transaction ID : AFC5EA2D3684B48DD855

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<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. Thomajan, Craig, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Austin Foot & Ankle Specialists
 5000 Bee Cave Rd. #202
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2019
Transaction ID : A01C729FF849A4B95951
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Trombello, Karla, Ann, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20318 N.E. 45th Ave.
 City Ridgefield State WA Zip Code 98642-9223
 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 04 / 06 / 2019
Transaction ID : A9C74C91806134D5BA34
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Ukata, Chukwuma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Advanced Carolina Foot & Ankle Cen
 516 Village Ct.
 City Garner State NC Zip Code 27529-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Carolina Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 25 / 2019
Transaction ID : ABBB6D48D954F4979B02
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 20
<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. Wakim, W., Anthony, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Christy Dr. #5
 City Brockton State MA Zip Code 02301-1839
 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 04 / 02 / 2019
Transaction ID : A92589607D4C849CFAB9
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Wardle, Darren, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Stevens Foot & Ankle, LLP
 7320 216th St. #320
 City Edmonds State WA Zip Code 98026-8006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Foot & Ankle, LLP Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 06 / 2019
Transaction ID : AFACA255ABD7B451B98A
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Wu, Johnny, Lee-Teh, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Tri-County Podiatry
 1585 Santa Barbara Blvd. #B
 City The Villages State FL Zip Code 32159-6820
 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 04 / 02 / 2019
Transaction ID : A178809C3AAE545DAB0A
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zdancewicz, Alissa, Berner, Dr.,

Mailing Address 15302 Searobbin Dr.

City Bradenton	State FL	Zip Code 34202
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2019

Transaction ID : AF5F5EF0A45054496BEA

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	19315.83