

# 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.

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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  /  /  in the State of

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period   /   through   /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Randy K. Kaplan

Signature of Treasurer Dr. Randy K. Kaplan *[Electronically Filed]* Date   /    /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="310035.85"/>	<input type="text" value="310035.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="490808.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18431.00"/>	<input type="text" value="278204.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="509239.85"/>	<input type="text" value="588239.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18500.00"/>	<input type="text" value="97500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="490739.85"/>	<input type="text" value="490739.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2015 To: M M / D D / Y Y Y Y Y 06 / 30 / 2015

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).....	8427.00	191477.00
(ii) Unitemized .....	10004.00	86727.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18431.00	278204.00
(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) .....	18431.00	278204.00
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))..... ▶	18431.00	278204.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18431.00	278204.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	97500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18500.00	97500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	97500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18431.00	278204.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18431.00	278204.00
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 18
	<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. Dr. Richard E. Ehle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address CT Foot Care Centers  
 51 Burlington Ave.  
 City Bristol State CT Zip Code 06010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT Foot Care Centers Occupation 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  
 06 / 02 / 2015  
**Transaction ID : AA881CC32C178420BA63**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Maxime G.J. Savard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2120 Driftwood Blvd.  
 City Kenner State LA Zip Code 70065-3574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2015  
**Transaction ID : A26774CCA389548C39F5**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Adam Paul Mucinskas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Feet First Foot Care Specialist, L  
 154 West St. #A  
 City Cromwell State CT Zip Code 06416-4400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Feet First Foot Care Specialist, LLC Occupation 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  
 06 / 08 / 2015  
**Transaction ID : A9E660608F4CB445DB18**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Robert D. Rutstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 597 Farmington Ave.  
City Hartford State CT Zip Code 06105-3030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 06 / 08 / 2015  
**Transaction ID : A7B711EC6611C439593F**  
Amount of Each Receipt this Period 300.00

**B. Dr. Dean E. Bright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5925 Francis Fair Parkway  
City Springdale State AR Zip Code 72762-6153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bright Foot Clinic Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 09 / 2015  
**Transaction ID : A6EFA582D130E43708FD**  
Amount of Each Receipt this Period 500.00

**C. Dr. Alexandra N. Buk**  
Full Name (Last, First, Middle Initial)  
Mailing Address AR Foot & Ankle Clinic  
1501 Aldersgate Rd.  
City Little Rock State AR Zip Code 72205-6611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AR Foot & Ankle Clinic Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 09 / 2015  
**Transaction ID : A35B358FCA1B2451CB51**  
Amount of Each Receipt this Period 500.00

**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:	PAGE 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Phyllis A. Ragley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 W. 6th St. #112  
 City Lawrence State KS Zip Code 66044-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : A2ACAAF220249461EBD5**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Nicholas A. D'Angelo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6511 20th Ave.  
 City Brooklyn State NY Zip Code 11204-3912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : A5CD3DF8F3491416CAFA**  
 Amount of Each Receipt this Period  
 300.00

**c. Dr. Douglas A. O'Heir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Maine General Orthopaedics  
 107 First Park Dr.  
 City Oakland State ME Zip Code 04963-5367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MaineGeneral Medical Center  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : A72167A14C7584D6AB3D**  
 Amount of Each Receipt this Period  
 1.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	601.00
<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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Douglas A. O'Heir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **Maine General Orthopaedics**  
 107 First Park Dr.  
 City **Oakland** State **ME** Zip Code **04963-5367**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MaineGeneral Medical Center** Occupation **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **302.00**

Date of Receipt **06 / 10 / 2015**  
**Transaction ID : A6151210B473A49F0887**  
 Amount of Each Receipt this Period **1.00**

**B. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **2001 Georgia Ave.**  
 City **Little Rock** State **AR** Zip Code **72207-5014**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Self-Employed** Occupation **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : AB29663B65DD34FE9AE6**  
 Amount of Each Receipt this Period **50.00**

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

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : A9628F0BCB27D4520A24**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **351.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Thomas J. Hagan**  
Full Name (Last, First, Middle Initial)

Mailing Address Coastal Carolina Foot & Ankle Care  
612 McCarthy Blvd. #A

City New Bern State NC Zip Code 28562-5231

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

Name of Employer Coastal Carolina Foot & Ankle Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : A6F86A1E499304EB3B3B**

Amount of Each Receipt this Period  
300.00

**B. Dr. Krysia L. Lepoer**  
Full Name (Last, First, Middle Initial)

Mailing Address University Foot & Ankle Center Inc  
235 Plain St. #201

City Providence State RI Zip Code 02905

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

Name of Employer University Foot Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 15 / 2015  
**Transaction ID : A47B5C4E8815448DD8F9**

Amount of Each Receipt this Period  
300.00

**C. Dr. Kirk Eliel Woelffer**  
Full Name (Last, First, Middle Initial)

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 Raleigh Foot Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 15 / 2015  
**Transaction ID : A389D82E18430450885F**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

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

**A. Dr. Vincent J. Coda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 E. Mitchell St.  
 City Kendallville State IN Zip Code 46755-1890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : A5990A3BDC2DF4D8E81A**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd. W.  
 City Tacoma State WA Zip Code 98499-8138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A35D3513F2C2B4C07AE2**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Judith E. Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21216 Northwest Fwy. #240  
 City Cypress State TX Zip Code 77429-4695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : A987AB74624C342DD811**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Clark C. Larsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Fashion Blvd. #120

City Salt Lake City State UT Zip Code 84107-8115

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2015  
**Transaction ID : AF4A93795069B478A8D7**

Amount of Each Receipt this Period 50.00

**B. Dr. Linda N. Ho**  
Full Name (Last, First, Middle Initial)

Mailing Address 94-914 Hiapo St.

City Waipahu State HI Zip Code 96797-2803

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

Name of Employer Podiatric Student Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 20 / 2015  
**Transaction ID : A3162462F0F0545599E1**

Amount of Each Receipt this Period 150.00

**C. Dr. Robby Allen Amiot**  
Full Name (Last, First, Middle Initial)

Mailing Address Aspen Orthopedics  
12555 W. National Ave. #100

City New Berlin State WI Zip Code 53151-4061

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

Name of Employer Aspen Orthopedics Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : A7BEA10A390A148C093B**

Amount of Each Receipt this Period 300.00

**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 13 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Esther Sue Barnes**

Full Name (Last, First, Middle Initial)

Mailing Address Step Ahead Foot & Ankle Clinic  
175 Commons Loop

City Kalispell State MT Zip Code 59901-1904

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

Name of Employer Step Ahead Foot & Ankle Clinic PC Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2015

Transaction ID : **AFF854B823E9E4A7BADA**

Amount of Each Receipt this Period 100.00

**B. Dr. Shelli L. Brewington**

Full Name (Last, First, Middle Initial)

Mailing Address 1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304-3861

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

Name of Employer Univ. TX Health Science Ctr. Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2015

Transaction ID : **ADDC403737BE246B4A6B**

Amount of Each Receipt this Period 300.00

**C. Dr. Terrill F. Brown III**

Full Name (Last, First, Middle Initial)

Mailing Address 20 Chicora Club Dr.

City Dunn State NC Zip Code 28334-5667

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2015

Transaction ID : **AA4C15474EFFA4284984**

Amount of Each Receipt this Period 300.00

**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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Mark T. Eaton**  
Full Name (Last, First, Middle Initial)

Mailing Address Cape Fear Podiatry Associates  
1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 23 / 2015  
**Transaction ID : A523ABDF940A54B689A5**

Amount of Each Receipt this Period  
300.00

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

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 J.B. Jenkins & Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
06 / 23 / 2015  
**Transaction ID : A523EC03544DE4808903**

Amount of Each Receipt this Period  
625.00

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

Mailing Address Cape Fear Podiatry Associates  
1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 23 / 2015  
**Transaction ID : A192D18E3D5A841EDAF9**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00

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

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

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

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

**A. Dr. Leonard Portnoy**  
Full Name (Last, First, Middle Initial)

Mailing Address 840 Davisville Rd.

City Warminster State PA Zip Code 18974-3020

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : AA7322CFC95B4457CA7F**

Amount of Each Receipt this Period 250.00

**B. Dr. Matthew J. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address Cape Fear Podiatry Associates  
4850 Fayetteville Rd.

City Lumberton State NC Zip Code 28358

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : A27F859B0B89E4A6AA97**

Amount of Each Receipt this Period 300.00

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

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

City Shreveport State LA Zip Code 71106

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

Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2015  
**Transaction ID : AFA90C7F2ADF542E989A**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

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

**A. Dr. Philip Wayne Holloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 E. Court St.  
 City Paris State IL Zip Code 61944-2460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2A51D4B35B394163804**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Jason W. Rockwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Associates, Inc.  
 2019 Galisteo St. #K  
 City Santa Fe State NM Zip Code 87505-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Glacier Foot & Ankle Associates Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A4A6BB054839F4C19B84**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Thomas S. Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2801 Parklawn Dr. #405  
 City Midwest City State OK Zip Code 73110-4231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : AC25E632873F94A4F90D**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8427.00



**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement

Candidate Name

**Rep. Jeff B. Miller**

Office Sought:  House  Senate  President

State: FL District: 01

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : **BE40FC167C75C4AAFA25**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

**Rep. Bill Johnson**

Office Sought:  House  Senate  President

State: OH District: 06

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : **B8C737B98EA4B4EE2A23**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. GIVING WILLINGLY EMPOWERING NATIONALLY (GWEN) PAC**

Mailing Address P.O. BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
Rep. Gwen Moore LPAC Donation 2015

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  Primary  General  Other (specify) ▼  
Other2015

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : **BC2C4543DD13540F392B**

Amount of Each Disbursement this Period

5000.00

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

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

7500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

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

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : BBD9258B305474D69867**

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**B. Pascrell for Congress, Inc.**

Mailing Address PO Box 100

City State Zip Code  
Teaneck NJ 07666-0100

Purpose of Disbursement

Candidate Name

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

Office Sought:  House  
 Senate  
 President  
State: NJ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : B8FC7201F2F4B44C9B54**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement

Candidate Name

**Rep. Renee L. Ellmers**

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : B621DD0A980D84EC3BBF**

Amount of Each Disbursement this Period

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

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

18500.00
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