

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] NEW (N)

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, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 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 03 / 01 / 2018 through 03 / 31 / 2018

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

Signature of Treasurer Simon, Janet, , Dr., [Electronically Filed] Date 04 / 12 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="444296.26"/>	<input type="text" value="444296.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="535524.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="69321.83"/>	<input type="text" value="167550.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="604846.57"/>	<input type="text" value="611846.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="85000.00"/>	<input type="text" value="92000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="519846.57"/>	<input type="text" value="519846.57"/>
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

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46368.83	119371.83
(ii) Unitemized .....	22953.00	48178.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69321.83	167550.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69321.83	167550.31
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	69321.83	167550.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	69321.83	167550.31

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	92000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	85000.00	92000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85000.00	92000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69321.83	167550.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69321.83	167550.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
<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. Altwerger, Richard, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Village Medical Arts Complex  
 77 Miller Rd. #202  
 City Castleton On Hudson State NY Zip Code 12033-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2018**  
**Transaction ID : A1EACC1C2B14E4B24A03**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Anderson, Sharon, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Mid MO Foot & Ankle Center  
 1210 Homelife Dr., P.O. Box 130  
 City Rolla State MO Zip Code 65402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mid-Missouri Foot & Ankle Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 17 / 2018**  
**Transaction ID : ABA043F0A205342BEAAA**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Appel, Lesley, Stuart, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6832 Del Mar Ter.  
 City Naples State FL Zip Code 34105-5033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**  
**Transaction ID : AE64100374E8A4503B91**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<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 7 OF 53
	<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. Barth, Lindsay, Dean, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Next Step Foot & Ankle Centers  
 3505 College Ave. #B  
 City Alton State IL Zip Code 62002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tesson Ferry Foot & Ankle Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

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

**B. Beylin, Mark, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 N. Courtenay Pkwy.  
 City Merritt Island State FL Zip Code 32953-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2018  
**Transaction ID : A7D4F6F370BF8498CA6E**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 53
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bohm, Jaclyn, J., Dr.,</b>		Date of Receipt
Mailing Address Fairview Rosemount Clinic 15075 Cinarron Ave.		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2018"/>
City Rosemount	State MN	Zip Code 55068-1635
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AAC1D4332EED049CE8FB</b>
Name of Employer (for Individual) Self-Employed		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Podiatric Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Borden, Michael, R., Mr.,</b>		Date of Receipt
Mailing Address Texas Podiatric Medical Associatio 918 Congress Ave. #200		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2018"/>
City Austin	State TX	Zip Code 78701-2342
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AB0254565CF4C4D6EBE2</b>
Name of Employer (for Individual) Texas Podiatric Medical Assn.		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Boudreau, Jason, Kendell, Dr.,</b>		Date of Receipt
Mailing Address Prospect Medical Commons 2311 N. Prospect Ave. #4A		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2018"/>
City Milwaukee	State WI	Zip Code 53211-4445
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A708C0E06E66C402E9DD</b>
Name of Employer (for Individual) Self-Employed		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Podiatric Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>



**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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Branca, Maria, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 Midland Ave.

City Yonkers	State NY	Zip Code 10704-1092
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AE72374D0CC9C41C69ED**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 9 La Torre Dr.

City Phillips Ranch	State CA	Zip Code 91766-4876
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : A833801BF962A41EDBFE**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

City New York	State NY	Zip Code 10016-8538
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
501.00

Date of Receipt  

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

**Transaction ID : A55F1942F0DB2447DB84**

Amount of Each Receipt this Period  
501.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1301.00
<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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Chagares, William, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2309 Xavier Ct.

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

Name of Employer (for Individual) N. Chicago V.A.M.C.	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : A8181467854A84842949**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 677 Vandam St.

City North Woodmere	State NY	Zip Code 11581-3521
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A02620B82B95C452C873**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1829 N.W. Kings Blvd.

City Corvallis	State OR	Zip Code 97330-1907
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2018

**Transaction ID : A8900F65208D84C9EBE1**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dabdoub, William, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108A Smart Pl.

City Slidell	State LA	Zip Code 70458-2040
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

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

**Transaction ID : A164FED21E3F94A1F99B**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 1296 W. 475 S.

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2018

**Transaction ID : AB8C443483C904DD29F7**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 851 E. Shakespeare Dr.

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : A4B7AA2B6AA2B4E789FD**

Amount of Each Receipt this Period  
250.00

Memo Item

<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 53
<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. Daniel, Wesley, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

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

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

Name of Employer (for Individual) Gainesville Podiatry Clinic	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2018

**Transaction ID : ADB94BAFA2D614166A86**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address **601 Wayne Ave.**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2018

**Transaction ID : AEA5FD51BA5E648239E1**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address **757 Poplar Church Rd.**

City Camp Hill	State PA	Zip Code 17011-2314
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  

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

**Transaction ID : ACE0D3530F42E49039B7**

Amount of Each Receipt this Period  
301.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	901.00
<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 53
<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. de los Reyes, Odin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Pomperaug Office Park #107

City Southbury	State CT	Zip Code 06488-2295
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2018

**Transaction ID : ABB59C6B56D9C4E67A9D**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Dellinger, Richard, Alexander, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Ferncrest Dr.

City Little Rock	State AR	Zip Code 72223-6002
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID : AD90BC926C3414852A99**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Eisner, Richard, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Highland Ave. #103

City Salem	State MA	Zip Code 01970-2100
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : A1026C31E1D2F4166907**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 14 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Feller, Steve, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7507 Custer Rd. W.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

**Transaction ID : ACFD024813EAE44F8BCE**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3774 Broadway

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : A47199FFC927C400BA13**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1904 Sweet Bay Cove

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

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

**Transaction ID : A1568EEF2FE8B44A38C6**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 15 OF 53
<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. Gastwirth, Glenn B, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8851 Bellido Circle

City Boynton Beach	State FL	Zip Code 33472-8125
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : AA3EE463F9FE4D38BBD**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address Eastern Carolina F&A Specialists  
2140 W. Arlington Blvd. #D

City Greenville	State NC	Zip Code 27834-5709
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Eastern Carolina Foot & Ankle Speciali	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

**Transaction ID : A19CAA8E070244872B78**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Geduldig, Steven, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Overland Park	State KS	Zip Code 66214-9836
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

**Transaction ID : A771153A98B1D44168D7**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 53
	<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. Glynn, Angie, Lynn, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4343 N. 600 E.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : A58FC564207C24788AA6**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

**Transaction ID : A336BD2F81CFF4057840**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address Podiatric Medical Associates  
6289 Central Ave.

City Portage	State IN	Zip Code 46368-3725
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Podiatric Medical Associates	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : A5803E8BC2A8745EDA29**

Amount of Each Receipt this Period  
250.00

Memo Item

<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 17 OF 53
	<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. Green, Tyson, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1747 Imperial Blvd.  
 City Lake Charles State LA Zip Code 70605-5362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2018  
**Transaction ID : AD6C93E6DA4A64C62AEE**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Green, Tyson, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1747 Imperial Blvd.  
 City Lake Charles State LA Zip Code 70605-5362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2018  
**Transaction ID : A51E065500C944034977**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Haag, Scott, L., Mr., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9312 Old Georgetown Rd  
 City Bethesda State MD Zip Code 20814-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APMA Occupation (for Individual) Association Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2018  
**Transaction ID : AE85E1A5061EB4C38B1C**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<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 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

**A. Haas, Mark, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Albuquerque Associated Podiatrists  
 8080 Academy N.E. #C

City Albuquerque State NM Zip Code 87111-1110

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

Name of Employer (for Individual) Albuquerque Associated Podiatrists Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2018  
**Transaction ID : A72CD65F037AD4E7FA6A**

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 13103 Country Trl.

City San Antonio State TX Zip Code 78216-2330

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

Name of Employer (for Individual) Western Univ. of Health Sciences Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : AA272DA60894F436F8B8**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Harrison, Todd, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11110 Medical Campus Rd. #100

City Hagerstown State MD Zip Code 21742-6734

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : A1E706C853FDC4D75B08**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harris, William, , Dr., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Carolina Podiatry Group  
 1190 Hwy. 9 Bypass W.  
 City Lancaster State SC Zip Code 29720-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) InStride Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

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

**B. Hart, Edwin, S., Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2305 Easton Ave.  
 City Bethlehem State PA Zip Code 18017-5009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2018  
**Transaction ID : ABC6E9B88F53A4A98A78**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Hartley, S., F. Charley, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 W. Pasadena Blvd.  
 City Deer Park State TX Zip Code 77536-4870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2018  
**Transaction ID : AD55C5510189A40999E9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1615.00
<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 20 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Holmes, Crystal, Murray, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 674 Brookmill Ct.  
 City Canton State MI Zip Code 48188-3049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 17 / 2018**  
**Transaction ID : A447A344CA9404722935**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.50
<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 21 OF 53
<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. Idiculla, Stanley, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1406 Hidden Hill Ln.

City Vienna	State VA	Zip Code 22182-1766
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A888AC086CEC6424AAD2**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

City Chicago	State IL	Zip Code 60617-2740
-----------------	-------------	------------------------

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

Name of Employer (for Individual) J.B. Jenkins & Associates	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2018

**Transaction ID : A2F4C3C8625354F21868**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address Sutter Gould Medical Foundation  
600 Coffee Rd.

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

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

Name of Employer (for Individual) Sutter Gould Medical Foundation	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : AD54BE838A97B40099AA**

Amount of Each Receipt this Period  
500.00

Memo Item

<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: (check only one)	PAGE 22 OF 53
	<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. Keating, Daniel, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 Main St. #214

City Buffalo	State NY	Zip Code 14214-2693
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

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

**Transaction ID : A7BFDC30A1D4B4E90B88**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address Podiatry Associates of NM  
8300 Carmel Ave. N.E. #501

City Albuquerque	State NM	Zip Code 87122-3125
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot and Ankle Associates of N	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2018

**Transaction ID : A90E15E2362934F71960**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kim, Tony, D. H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 616 N. Chelan Ave.

City Wenatchee	State WA	Zip Code 98801-2025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Private Practice	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : A74BB34FA97B54B1D8E1**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kinney, Kile, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address The Foot & Ankle Group  
 1515 Laney Walker Blvd.  
 City Augusta State GA Zip Code 30904-5827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Foot & Ankle Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 07 / 2018**  
**Transaction ID : A4C03F08BC1DB4A658A3**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Koenigsberg, Richard, Terry, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Remington Podiatry Group  
 697 E. Remington Dr. #A  
 City Sunnyvale State CA Zip Code 94087-1976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Remington Podiatry Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 06 / 2018**  
**Transaction ID : AC0FF672886FC40208D1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Kratzer, Carroll, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Raleigh Orthopaedic Clinic  
 4657 Mill Village Rd.  
 City Raleigh State NC Zip Code 27612-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raleigh Orthopaedic Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 18 / 2018**  
**Transaction ID : AA2C0645ADDFC402186B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 53
	<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. Krejci, Kara, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Prairie Orthopaedic & Plastic Surg**  
 4130 Pioneer Woods Dr. #1  
 City **Lincoln** State **NE** Zip Code **68506**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Prairie Orthopaedic and Plastic Surge** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

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

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

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

**C. Lambert, Mark, Andrew, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Pensacola Foot & Ankle Center**  
 4850 N. 9th Ave.  
 City **Pensacola** State **FL** Zip Code **32503-2407**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Pensacola Foot & Ankle Center** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **275.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>825.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 53
<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. Lambert, Mark, Andrew, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pensacola Foot & Ankle Center  
 4850 N. 9th Ave.  
 City Pensacola State FL Zip Code 32503-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pensacola Foot & Ankle Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 26 OF 53
	<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. Lenet, Marc, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5508 Belair Rd.  
 City Baltimore State MD Zip Code 21206-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

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

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

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

**C. Liebow, David, Stewart, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Southern VT Podiatry 382 Canal St.  
 City Brattleboro State VT Zip Code 05301-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 11 / 2018**  
**Transaction ID : AE16022F1761A4085BBA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<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 27 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lockwood, Melissa, Jomarie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Heartland Foot & Ankle Assn., P.C.  
 10 Heartland Dr. #B  
 City Bloomington State IL Zip Code 61704-7775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.99**

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

**B. Lombardi, Charles, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32-07 Francis Lewis Blvd.  
 City Flushing State NY Zip Code 11358-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2018**  
**Transaction ID : A1376218AFDA04CCEA11**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Lombardo, Anthony, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Ankle & Foot Specialists of St. Lo  
 12255 DePaul Dr. #470  
 City Bridgeton State MO Zip Code 63044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeton Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1083.33</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 28 OF 53
	<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. Long, William, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 S.E. Main St.

City Simpsonville	State SC	Zip Code 29681-7150
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID : AF1A38C9031CB4BA19C6**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Lorio, Chantal, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4424 Kawanee Ave.

City Metairie	State LA	Zip Code 70006-2830
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ochsner Clinic Foundation	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2018

**Transaction ID : A6A4BB5342179453ABDC**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Mattei-Diaz, Jose, Antonio, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Calle M. Perez Aviles #1

City Arecibo	State PR	Zip Code 00612-4475
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AF0A440BCC8FD4916AF6**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 29 OF 53
<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. McAloon, Carolyn, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Castro Valley	State CA	Zip Code 94546-4055
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AD200C8D2EAEC4883920**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

City Concord	State NH	Zip Code 03301-2588
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pillsbury Medical Bldg.	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

**Transaction ID : A7E1FC1477F024D73AD6**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

City Fort Lauderdale	State FL	Zip Code 33308-1414
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

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

**Transaction ID : A4DB30A5F25C14BF884D**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 30 OF 53
<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. McGovern, Daniel, Patrick, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 631 Congress St.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

**Transaction ID : A7ED504A09B2A42699C5**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1834 S. Stewart

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1018.00

Date of Receipt  

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

**Transaction ID : AFE54FF062D814AA18EF**

Amount of Each Receipt this Period  
1018.00

Memo Item

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

Mailing Address 718 Lomas Blvd. N.W.

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

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

Name of Employer (for Individual) Family Foot Health Specialist	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

**Transaction ID : ACEDB9CC163D44FDAB3E**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1568.00
<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 31 OF 53
	<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. Merena, Stephen, John, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Vista Ct.  
 City Jericho State VT Zip Code 05465-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Vermont Medical Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

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

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

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

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

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Moore, Patricia, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52303 Emmons Rd. #30

City South Bend	State IN	Zip Code 46637-4288
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A4C1A8C0793F74D5A858**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Moskowitz, Nancy, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 615 Broadway #2

City Hastings On Hudson	State NY	Zip Code 10706-1039
----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A1073A174D44547DF82C**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address DE Foot & Ankle Group  
2600 Glasgow Ave. #101

City Newark	State DE	Zip Code 19702-5703
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A02E82934576B4740AF6**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 33 OF 53
<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. Mothershed, Robb, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Specialists of the Car  
 3057 Trenwest Dr.  
 City Winston Salem State NC Zip Code 27103-3220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NH Mothershed Foot & Ankle Specialists Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2018  
**Transaction ID : AE80EAC2A20944776B74**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Nassoor, George, Michael, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Memorial Pkwy.  
 City Phillipsburg State NJ Zip Code 08865-1573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self-Employed Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2018  
**Transaction ID : A5439CC0E024B43F9B46**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. O'Neill, Brian, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pomona Valley Podiatric Medical Gr  
 1212 N. Park Ave.  
 City Pomona State CA Zip Code 91768-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pomona Valley Podiatric Medical Group Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2018  
**Transaction ID : AF8AC391C94104C3FAD8**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 34 OF 53
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Painter, Gina, Marie, Dr.,</b>		Date of Receipt
Mailing Address <b>Benefis Medical Group</b> 1401 25th St. S #2		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2018"/>
City Great Falls	State MT	Zip Code 59406
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A4F040F362B874195B1A</b>
Name of Employer (for Individual) Benefis Medical Group		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Podiatric Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Pantiel, Derek, T., Dr.,</b>		Date of Receipt
Mailing Address <b>4113 Oleander Dr. #G</b>		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2018"/>
City Wilmington	State NC	Zip Code 28403-6840
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AC8FB37A6AA5143599D1</b>
Name of Employer (for Individual) Instride Summit Podiatry		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Podiatric Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Pascarella, Eugene, M., Dr.,</b>		Date of Receipt
Mailing Address <b>661 E. Altamonte Dr. #210</b>		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City Altamonte Springs	State FL	Zip Code 32701-5102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A9927570FA0D74B869F0</b>
Name of Employer (for Individual) Self-Employed		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Podiatric Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pascual, Grace, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1329 Lusitana St. #801  
 Queen's Physician Office Bldg. II  
 City Honolulu State HI Zip Code 96813-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : A15F897388E934DA79C6**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

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

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

<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: (check only one)	PAGE 36 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Pinker, Mark, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pinker & Associates  
 47 Brookwood Ave.  
 City Carlisle State PA Zip Code 17015-9126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pinker & Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2018  
**Transaction ID : A744E5A49122543509D2**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Prescott, Kari, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Nicollet Mall #441  
 City Minneapolis State MN Zip Code 55402-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

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

**C. Quang, Kevin, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5711 E. 71st St. #115  
 City Tulsa State OK Zip Code 74136-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metro Tulsa Foot and ankle specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2018  
**Transaction ID : AFBB6699F9F1A49909E6**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 37 OF 53
	<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. Ramirez, Lenny, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Bryan Ct.

City Wayne	State NJ	Zip Code 07470-6259
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A0ECFB78189374C8BB2A**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

**B. Reeves, Jerome, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dr. Jerome E. Reeves, P.C.  
20507 Hillside Ave. #15

City Hollis	State NY	Zip Code 11423
----------------	-------------	-------------------

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

Name of Employer (for Individual) Dr. Jerome E. Reeves, P.C.	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AB5202B2256D44F339D5**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

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

Mailing Address 24 Brentwood Rd.

City Bay Shore	State NY	Zip Code 11706-8011
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AB2F48C618F074EE498C**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Robertozzi, Christian, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 High St. #201  
 The Norman Silbert Medical Arts Bldg  
 City Newton State NJ Zip Code 07860-9604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2018  
**Transaction ID : A79FEE55A82204FBE83D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Rogers, Mark, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 572 N. 650 E.  
 City Lindon State UT Zip Code 84042-1566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central UT Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

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

**C. Ross, Jeffrey, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Baylor Clinic  
 6620 Fannin St. #1325  
 City Houston State TX Zip Code 77030-2300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 05 / 2018  
**Transaction ID : A537CECA9719947BC995**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 39 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ross, Robin, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 Canyon Ridge Dr.

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

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

Name of Employer (for Individual) Shelter Island Podiatry	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		16		2018

**Transaction ID : A20007A506C704404BD5**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address Weeks Medical Center  
8 Clover Ln. #1

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

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

Name of Employer (for Individual) Weeks Medical Center	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : AA1EB1F378480457A954**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Saeva, John, Thomas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 Stefani Rd.

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

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

Name of Employer (for Individual) Destin Podiatry	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		26		2018

**Transaction ID : A61F4FEC3DD8B4B96800**

Amount of Each Receipt this Period  
300.00

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 40 OF 53
<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. Saffer, Mark, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Rudgate Rd.

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

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

Name of Employer (for Individual) Midwest Health Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2018

**Transaction ID : A577EC620BE264EBE844**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address Beloit Clinic  
1905 Huebbe Pkwy.

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

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

Name of Employer (for Individual) Beloit Clinic	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : A46836B93865F484583F**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Salvo, Nichol, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1921 Ridgemont Ln.

City Decatur	State GA	Zip Code 30033-4068
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AB80F98E7925342BC864**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 41 OF 53
	<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. Schifalacqua, I., E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Berkshire Podiatry Center**  
 50 Berkshire Ct.  
 City **Wyomissing** State **PA** Zip Code **19610**  
 Name of Employer (for Individual) **Berkshire Podiatry Center** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

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

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

Date of Receipt **03 / 17 / 2018**  
**Transaction ID : A7E7ABA2B5C4E43818FE**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Sengstock, Jodie, Noll, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **49450 Hudson Dr.**  
 City **Canton** State **MI** Zip Code **48188-1979**  
 Name of Employer (for Individual) **Self-Employed** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 18 / 2018**  
**Transaction ID : AD8E579A522A94084A05**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 53
	<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. Shindler, Scott, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Shindler Foot Clinic  
2525 Fox Run Pkwy. #202

City Yankton State SD Zip Code 57078-5371

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2018

Transaction ID : **A603FC66F2F6B4B3EA5F**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Singer, Alan, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 UCLA Medical Plz. #460

City Los Angeles State CA Zip Code 90024-7000

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2018

Transaction ID : **A1BADBF696C9948C5B4E**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 9875 W. Lincoln Hwy. #101

City Frankfort State IL Zip Code 60423-1931

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2018

Transaction ID : **AD5F76EC40E1641BCB33**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 43 OF 53
	<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, Joseph, Christopher, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Philadelphia Ave.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : AB18CD229F06E490498C**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Solak, Matt, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 W. Market St. #261

City Indianapolis	State IN	Zip Code 46204-2801
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID : A5299F8B664154A1CABE**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Stawiski, Marisha, I., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Spectrum Health Medical Group  
4100 Lake Dr. S.E. #305

City Grand Rapids	State MI	Zip Code 49546-8292
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A368C06C1E8D84786824**

Amount of Each Receipt this Period  
300.00

Memo Item

<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 44 OF 53
<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. Stephenson, Alyssa, Kay, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1093 Spring Lake Dr.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : A36646BF6B0634D62939**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 737-A Lydig Ave.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : A0762F220D31E483B87F**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Thomajan, Craig, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Austin Foot & Ankle Specialists  
5000 Bee Cave Rd. #202

City Austin	State TX	Zip Code 78746-5254
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

**Transaction ID : A68E4BC2B21464E7A94B**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 53
	<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. Torgesen, Gerald, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Surgical Group  
 10561 Jeffreys St. #110  
 City Henderson State NV Zip Code 89052-4267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot & Ankle Surgical Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2018  
**Transaction ID : A619D83EBF45E477590B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

**C. Tronvig, William, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Harbor Foot & Ankle Clinic  
 1220 Basich Blvd. #C  
 City Aberdeen State WA Zip Code 98520-1053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harbor Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2018  
**Transaction ID : A93805006771D4E2A98C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 46 OF 53
	<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. Virbulis, Sylvia, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City **Salisbury** State **NC** Zip Code **28144-4930**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 18 / 2018**

**Transaction ID : A8491C034427242BC997**

Amount of Each Receipt this Period **250.00**

Memo Item

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

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

City **Torrance** State **CA** Zip Code **90505**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 16 / 2018**

**Transaction ID : AB6EF71A1090942DC902**

Amount of Each Receipt this Period **500.00**

Memo Item

**C. Warren, Walter, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **P.O. Box 707**

City **Seymour** State **IN** Zip Code **47274-0707**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2018**

**Transaction ID : A2064DE1BD857476989E**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 53
	<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. Wilde, Corin, Q., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Wilde Foot & Ankle Clinic**  
**407 E. Centennial Dr.**  
 City **Pittsburg** State **KS** Zip Code **66762-6505**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Wilde Foot & Ankle Clinic** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

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

**B. Zdancewicz, Alissa, Berner, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **15302 Searobbin Dr.**  
 City **Bradenton** State **FL** Zip Code **34202-5860**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Self-Employed** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 12 / 2018**  
**Transaction ID : AAC3EF00102134F4A878**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item

**C. Zygmunt, Kenneth, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **University Foot & Ankle Specialist**  
**552 S. Washington St. #116**  
 City **Naperville** State **IL** Zip Code **60540-6678**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **University Foot & Ankle Specialists** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 02 / 2018**  
**Transaction ID : A4126EF74DC8341F09BF**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>46368.83</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

Mailing Address 2nd Floor  
430 S. Capitol Street

FEC Identification Number

**C** [ ]  
**Transaction ID : B2908467A0f**  
 Amount of Each Disbursement this Period  
 [ ] 15000.00

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2018 National Party Support

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

Mailing Address 120 Maryland Avenue, NE

FEC Identification Number

**C** [ ]  
**Transaction ID : BBEAC3CE5f**  
 Amount of Each Disbursement this Period  
 [ ] 15000.00

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2018 National Party Support

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Mazie Hirono**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2018

Mailing Address PO Box 677

FEC Identification Number

**C** S2HI00106  
**Transaction ID : B3F3779009f**  
 Amount of Each Disbursement this Period  
 [ ] 1000.00

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Primary 2018

[ ]  
Category/  
Type

Candidate Name  
**Hirono, Mazie, K., Sen.,**

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

Memo Item

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

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

[ ] 31000.00  
 [ ]



**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. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102-9639

Purpose of Disbursement  
Primary 2018

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

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

Date of Disbursement  
MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number  
C00445023  
**Transaction ID : B5903BF686f**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
2018 Primary

Candidate Name  
**Heller, Dean, , Sen.,**

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

Date of Disbursement  
MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number  
C00494229  
**Transaction ID : B1919CF0709**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement  
Primary 2018

Candidate Name  
**Brownley, Julia, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 26

Date of Disbursement  
MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number  
C00513077  
**Transaction ID : B2886C9E72**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. King For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 116 N Main St. PO Box 400		FEC Identification Number C H2IA05072 <b>Transaction ID : B0FE8FD517</b>
City Early	State IA	Zip Code 50535
Purpose of Disbursement Primary 2018		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>King, Steve, A., Rep.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 04	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. LANCE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address PO BOX 225		FEC Identification Number C C00444224 <b>Transaction ID : B7E15F0A61</b>
City COLONIA	State NJ	Zip Code 07067
Purpose of Disbursement Primary 2018		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Lance, Leonard, , Rep.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Loeb sack For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018
Mailing Address PO Box 2720		FEC Identification Number C H6IA02146 <b>Transaction ID : BBB73AA831</b>
City Cedar Rapids	State IA	Zip Code 52406
Purpose of Disbursement Primary 2018		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Loeb sack, Dave, W., Rep.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 02	<input type="checkbox"/> Memo Item	

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MOOLENAAR FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City  
MIDLAND

State  
MI

Zip Code  
48640

Purpose of Disbursement  
Primary 2018

Candidate Name

**Moolenaar, John, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2018

FEC Identification Number

**C** C00561530

**Transaction ID : B9179FECEB**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street, S.E

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2018 National Party Support

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number

**C**

**Transaction ID : B9F45F1E2BI**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address Ronald Reagan Republican Center  
425 2nd Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2018 support

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

**C**

**Transaction ID : BEA66AB6C**

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

31000.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Primary 2018

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

Office Sought: [x] House Disbursement For: 2018 [x] Primary [ ] General [ ] Other (specify) State: NJ District: 06

Date of Disbursement

Date selection grid showing 03 / 01 / 2018

FEC Identification Number

C H8NJ03073

Transaction ID : B021C25CF8: Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. VAN DREW FOR CONGRESS

Mailing Address PO BOX 671

City CAPE MAY COURT HOUSE State NJ Zip Code 08210

Purpose of Disbursement Primary 2018

Candidate Name Vandrew, Jeff, , ,

Office Sought: [x] House Disbursement For: 2018 [x] Primary [ ] General [ ] Other (specify) State: NJ District: 02

Date of Disbursement

Date selection grid showing 03 / 01 / 2018

FEC Identification Number

C C00661868

Transaction ID : B241C541012: Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement Primary 2018

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

Office Sought: [x] House Disbursement For: 2018 [x] Primary [ ] General [ ] Other (specify) State: IL District: 15

Date of Disbursement

Date selection grid showing 03 / 01 / 2018

FEC Identification Number

C H2IL20042

Transaction ID : B498C4A685: Amount of Each Disbursement this Period

1500.00

[ ] Memo Item

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

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**

**A. Walden For Congress**

Full Name (Last, First, Middle Initial)  
Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement Primary 2018

Candidate Name Walden, Greg, P., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OR District: 02

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C H6OR02116  
Transaction ID : BAD843623F  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Yarmuth For Congress**

Full Name (Last, First, Middle Initial)  
Yarmuth For Congress

Mailing Address 1819 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement Primary 2018

Candidate Name Yarmuth, John, A., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KY District: 03

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C H6KY03124  
Transaction ID : B9D9C0A470I  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

3500.00

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

85000.00