

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, 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 08 / 01 / 2017 through 08 / 31 / 2017

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

Signature of Treasurer Kaplan, Randy, K., Dr., [Electronically Filed] Date 09 / 12 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2017"/>  |                         | 302488.53                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 382824.11               |                                   |
| (c) Total Receipts (from Line 19) .....  | 18766.83                | 298871.15                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 401590.94               | 601359.68                         |
| 7. Total Disbursements (from Line 31).....   | 0.00                    | 199768.74                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 401590.94               | 401590.94                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 08 / 01 / 2017 To: 08 / 31 / 2017

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 15086.83                      | 206152.98                         |
| (ii) Unitemized .....   | 3680.00                       | 92718.17                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 18766.83                      | 298871.15                         |
| (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) .....  | 18766.83                      | 298871.15                         |
| 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)).....▶                         | 18766.83                      | 298871.15                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 18766.83                      | 298871.15                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 115918.74                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 115918.74                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 83500.00                          |
| 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                          | 350.00                            |
| (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                          | 350.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 0.00                          | 199768.74                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00                          | 199768.74                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 18766.83                              | 298871.15                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 350.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 18766.83                              | 298521.15                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 115918.74                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 115918.74                                 |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 6 OF 20  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Ajlouny, Martha, Jullie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greensboro Podiatry Associates, P.  
 530 N. Elam Ave. #A

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Greensboro | State<br>NC | Zip Code<br>27403-1139 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Instride Greensboro Podiatry Associate | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 08 / 10 / 2017

**Transaction ID : A5FC7803E733C4BA1AA3**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B. 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<br>Alton | State<br>IL | Zip Code<br>62002 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Tesson Ferry Foot & Ankle | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 501.00

Date of Receipt  
 08 / 26 / 2017

**Transaction ID : A688A6490D46447749C5**

Amount of Each Receipt this Period  
 1.00

Memo Item

**C. Basatneh, Rami, M, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 913 Ridge Ave. #C

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19107-1438 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Student | Occupation (for Individual)<br>Podiatric Student |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 08 / 22 / 2017

**Transaction ID : AC79B8343D7B44E75945**

Amount of Each Receipt this Period  
 20.00

Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 51.00 |
| <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 20  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Bohm, Jaclyn, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Fairview Rosemount Clinic  
15075 Cinarron Ave.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rosemount | State<br>MN | Zip Code<br>55068-1635 |
|-------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 04    | / | 2017        |

**Transaction ID : AE862E88B3A1143C39FF**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 3012 Pittsburgh St.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77005-3817 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Anchorage Foot & Ankle Specialists | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 21    | / | 2017        |

**Transaction ID : ACE0706EC2FA64A93A58**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 24    | / | 2017        |

**Transaction ID : A01646EDC0E34450F93F**

Amount of Each Receipt this Period  
100.00

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 8 OF 20 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2017  
**Transaction ID : A90FDE5F7D5E043589EF**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Buchbinder, Irving, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : AC1C321A63DF94AADA21**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Byrd, Daniel, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Blue Mountain Foot Specialists  
 714 S.W. Dorion Ave.  
 City Pendleton State OR Zip Code 97801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Mountain Foot 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  
 08 / 18 / 2017  
**Transaction ID : A1B50CB8C194549A6847**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 20  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Campbell, W., David, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot Specialists of Birmingham  
1 Independence Plz. #530

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Birmingham | State<br>AL | Zip Code<br>35209-2646 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Merritt Island Foot & Ankle | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 10    | / | 2017        |

**Transaction ID : AA8E8D6E8FA68461DB18**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Chapman, Ely, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 S. Park Ave.

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>Rockville Centre | State<br>NY | Zip Code<br>11570-6103 |
|--------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 18    | / | 2017        |

**Transaction ID : A02E4DA2FE6ED471FBF5**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 4734 S. Yorktown Pl.

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Tulsa | State<br>OK | Zip Code<br>74105-4931 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Green Country Podiatry Center | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 07    | / | 2017        |

**Transaction ID : A045B77F926CB4DAB9B9**

Amount of Each Receipt this Period  
500.00

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 10 OF 20 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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<br>Slidell | State<br>LA | Zip Code<br>70458-2040 |
|-----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 17    | / | 2017        |

**Transaction ID : A66C2BBDA882E46D18F3**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 1190 N.W. 95th St. #108

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Miami | State<br>FL | Zip Code<br>33150-2064 |
|---------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2017        |

**Transaction ID : A422217B09AA049D99CD**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address Rimrock Podiatry  
1690 Rimrock Rd. #L

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Billings | State<br>MT | Zip Code<br>59102-0700 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Rimrock Podiatry | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 30    | / | 2017        |

**Transaction ID : A9642C63EF56F41B6A89**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

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

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

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

Mailing Address 7507 Custer Rd. W.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Tacoma | State<br>WA | Zip Code<br>98499-8138 |
|----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 08    |   | 2017        |

**Transaction ID : A71477B8EAF4E447C8CE**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address Sarasota Footcare Center  
1921 Waldemere St. #106

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Sarasota | State<br>FL | Zip Code<br>34239-2941 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Sarasota Footcare Center | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 04    |   | 2017        |

**Transaction ID : A233E2545F69940979E3**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address Oregon Foot Care Centers  
410 Villa Rd.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Newberg | State<br>OR | Zip Code<br>97132-1853 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Foot Health Center of Newberg | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 18    |   | 2017        |

**Transaction ID : AF8395F04313B4C6FB9B**

Amount of Each Receipt this Period  
300.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 450.00 |
| <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 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Giardina, Vito, N., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 Wilkens Ave.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Baltimore | State<br>MD | Zip Code<br>21229-4848 |
|-------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2017        |

**Transaction ID : AFCAF96823D3B429DB01**

Amount of Each Receipt this Period  
300.00

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<br>Omaha | State<br>NE | Zip Code<br>68122-1733 |
|---------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 18    | / | 2017        |

**Transaction ID : AA7ABD9FE685E4CB4B1E**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 2222 N.W. Lovejoy St. #510

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Portland | State<br>OR | Zip Code<br>97210-5103 |
|------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 18    | / | 2017        |

**Transaction ID : AF5376AAE4CCC48BA9D0**

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 13 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. 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 **08 / 21 / 2017**  
**Transaction ID : A324D250013624B27A89**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 312.50

Date of Receipt **08 / 14 / 2017**  
**Transaction ID : A1C01C461DDB0428991A**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Klamet, Terrence, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MO Foot Care Centers, Inc. 1705 Christy Dr. #209  
 City Jefferson City State MO Zip Code 65101  
 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 **08 / 04 / 2017**  
**Transaction ID : A393513F0A20D46DEA8B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 662.50 |
| <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 14 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address Kansas City Foot Specialists, PA  
7230 W. 129th St.

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Overland Park | State<br>KS | Zip Code<br>66213-2624 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Kansas City Foot Specialists, PA | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 23    | / | 2017        |

**Transaction ID : ADCC2A7AFBF604DC9A5:**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Pensacola | State<br>FL | Zip Code<br>32503-2407 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Pensacola Foot & Ankle Center | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 21    | / | 2017        |

**Transaction ID : A287F3912914345EC8EA**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. 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<br>Bloomington | State<br>IL | Zip Code<br>61704-7775 |
|---------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
701.64

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 16    | / | 2017        |

**Transaction ID : A38773AE0653949EEA6A**

Amount of Each Receipt this Period  
83.33

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5183.33 |
| <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 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. 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 ▼ 250.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : AF8D98695DA71472E818**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Marshall, Terrol, Duane, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Blue Mountain Foot Specialists  
 714 S.W. Dorion Ave.  
 City Pendleton State OR Zip Code 97801-2086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : AC08B3D50B2E14B949D1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. McCammon, Derek, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 831 N.W. Council Dr. #203  
 City Gresham State OR Zip Code 97030-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gresham Podiatry Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : A25CF03A726524F5D8F0**  
 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 16 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. McGuire, Heather, Renee, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pacific Foot & Ankle Care  
 2961 Loma Vista Rd.  
 City Ventura State CA Zip Code 93003-2915  
 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 ▼ 320.00

Date of Receipt **08 / 23 / 2017**  
**Transaction ID : A5B4FC6536CDD463483A**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Palmer, Thomas, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address OR Foot Clinic  
 6108 N.E. Glisan St.  
 City Portland State OR Zip Code 97213-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Foot Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : AF68326A363434BD9B36**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : A9E2A856CD00942A3855**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 640.00 |
| <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 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Puzo, Emilio, Angelo, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Cherry Hill Rd. #206

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Parsippany | State<br>NJ | Zip Code<br>07054-1101 |
|--------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 29    | / | 2017        |

**Transaction ID : A921EF3A9DDF648C3955**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1112 W. 6th St. #112

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Lawrence | State<br>KS | Zip Code<br>66044-2249 |
|------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 22    | / | 2017        |

**Transaction ID : A3DDFCE02A83A4019AB0**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address Rivershore Foot & Ankle Clinic  
2120 Exchange St. #110

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Astoria | State<br>OR | Zip Code<br>97103-4423 |
|-----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 18    | / | 2017        |

**Transaction ID : A4B2AAFFCD61C4FFEB47**

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 18 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Reinkraut, Jacob, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 706 Clove Ln.  
 City Franklin Lakes State NJ Zip Code 07417-2238  
 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 ▼ 325.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : A479488694EDD4A949C6**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. 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 08 / 25 / 2017  
**Transaction ID : ABD13261938FC4A1BA68**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Saxena, Amol, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3814 Magnolia Dr.  
 City Palo Alto State CA Zip Code 94306-3231  
 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 08 / 25 / 2017  
**Transaction ID : A5938CF09BD924655970**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 850.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 19 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Spohn-Gross, Holly, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sienna Wellness Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 08 / 2017  
**Transaction ID : AEFD8B6B468A54C0B933**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Strauss, Neil, Howard, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 Kenley Ct.  
 City Parkland State FL Zip Code 33076-4406  
 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 08 / 30 / 2017  
**Transaction ID : ADDD2DE0D7A434ADFA56**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Surratt, Jason, Ray, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Westside Foot & Ankle Specialists  
 9900 S.W. Hall Blvd. #100  
 City Tigard State OR Zip Code 97223-5838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westside Podiatry Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : A66C4196B1CE448B6887**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1850.00 |
| <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 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Weaver, Benjamin, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Central KS Podiatry Associates  
 2081 N. Webb Rd.  
 City Wichita State KS Zip Code 67206-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central KS Podiatry Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 13 / 2017  
**Transaction ID : A4CF52A99F1524628BF3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Woelffer, Kirk, Eiel, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Raleigh Foot & Ankle Center  
 P.O. Box 98209  
 City Raleigh State NC Zip Code 27624-8209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raleigh Foot Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2017  
**Transaction ID : AC75D6AD3309840A896E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 100.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 15086.83 |