

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road
Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

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

Signature of Treasurer Dr. Randy K. Kaplan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="310035.85"/>	<input type="text" value="310035.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="490739.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20545.00"/>	<input type="text" value="298749.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="511284.85"/>	<input type="text" value="608784.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000.00"/>	<input type="text" value="117500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="491284.85"/>	<input type="text" value="491284.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	11685.00	203162.00
(ii) Unitemized	8860.00	95587.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20545.00	298749.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20545.00	298749.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20545.00	298749.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20545.00	298749.00

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.....	20000.00	117500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20000.00	117500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	117500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20545.00	298749.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20545.00	298749.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. Joel W. Brook
 Full Name (Last, First, Middle Initial)
 Mailing Address Dallas Podiatry Works
 7777 Forest Ln. #A212
 City Dallas State TX Zip Code 75230-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dallas Podiatry Works Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : A80CC7F008713488B968
 Amount of Each Receipt this Period **1000.00**

B. Dr. H. F. Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Georgia Ave.
 City Little Rock State AR Zip Code 72207-5014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 10 / 2015**
Transaction ID : AFD68189A014A4311ACA
 Amount of Each Receipt this Period **50.00**

C. Dr. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : A1B410CE1AA6A4A65946
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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. Dr. Stephen A. Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 Riverstone Dr.
 City Canton State GA Zip Code 30114-5256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : AB70B08E8AD82498BA7C
 Amount of Each Receipt this Period
 300.00

B. Dr. Ethan J. Ciment
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 W. 20th St. #308
 City New York State NY Zip Code 10011-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : ADC4647E30D564892A07
 Amount of Each Receipt this Period
 1000.00

C. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : A49008458052142C685F
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Darren D. Elenburg
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Center of OK
 3705 N.W. 63rd St. #200
 City Oklahoma City State OK Zip Code 73116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot and Ankle Center of Oklahoma Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : AB87EB277696A4873B3D
 Amount of Each Receipt this Period
300.00

B. Dr. Michael Z. Fein
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 School St. #8
 City Bethel State CT Zip Code 06801-1846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : A4AAC630910964C64871
 Amount of Each Receipt this Period
350.00

C. Dr. Steve R. Feller
 Full Name (Last, First, Middle Initial)
 Mailing Address 7507 Custer Rd. W.
 City Tacoma State WA Zip Code 98499-8138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2015
Transaction ID : A003C4AFF35DF41F7B53
 Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<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. Dr. David J. Freedman
Full Name (Last, First, Middle Initial)

Mailing Address 2128 Rose Theatre Cir.

City Olney	State MD	Zip Code 20832-1677
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation 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
07	/	18	/	2015

Transaction ID : A00F23C2953734564823

Amount of Each Receipt this Period
500.00

B. Dr. Robert Frimmel
Full Name (Last, First, Middle Initial)

Mailing Address Sarasota Footcare Center
1921 Waldemere St. #106

City Sarasota	State FL	Zip Code 34239
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sarasota Footcare Center	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2015

Transaction ID : A5A12BD2C2EBA40DFBB/

Amount of Each Receipt this Period
30.00

C. Dr. Robert I. Garnet
Full Name (Last, First, Middle Initial)

Mailing Address 18430 S. Dixie Hwy.

City Cutler Bay	State FL	Zip Code 33157-6816
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation 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
07	/	24	/	2015

Transaction ID : ABF2BE881AD3B4784B1B

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	830.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<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. Dr. Christopher Joseph Gauland
 Full Name (Last, First, Middle Initial)
 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 Eastern Carolina Foot & Ankle Speciali Occupation 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
 07 / 29 / 2015
Transaction ID : A272B37DF1B4C486AA46
 Amount of Each Receipt this Period
 250.00

B. Dr. Armando Gonzalez Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 Corliss Ave. #202
 City Johnson City State NY Zip Code 13790-2070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Health Services Hospital Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : A540EF0ABEF3A4E43987
 Amount of Each Receipt this Period
 75.00

C. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maidstone Dr.
 City Lake Charles State LA Zip Code 70605-4033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : AA46FBE9A8C7B4582821
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Tyson E. Green
Full Name (Last, First, Middle Initial)

Mailing Address 4213 Maidstone Dr.

City Lake Charles State LA Zip Code 70605-4033

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 20 / 2015
Transaction ID : AF9736020DF534B26A13

Amount of Each Receipt this Period 100.00

B. Dr. Mack Jay Groves IV
Full Name (Last, First, Middle Initial)

Mailing Address 802 W. 10th Ave. #2

City Covington State LA Zip Code 70433-2352

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A5EA47E0CA4E7470EAC7

Amount of Each Receipt this Period 500.00

C. Dr. Patrick B. Hall
Full Name (Last, First, Middle Initial)

Mailing Address Bone & Joint Clinic of Baton Rouge
7301 Hennessy Blvd. #200

City Baton Rouge State LA Zip Code 70808-4363

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

Name of Employer Bone & Joint Clinic of Baton Rouge, IN Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A5F6494E7396E4E0B888

Amount of Each Receipt this Period 500.00

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 12 OF 21
<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. Dr. Philip Wayne Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 E. Court St.
 City Paris State IL Zip Code 61944-2460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : AF9C42986A5D04009821
 Amount of Each Receipt this Period **50.00**

B. Dr. Todd R. Hovermale
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 W. 19th St., P.O. Box 2272
 City Anderson State IN Zip Code 46016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : AFD33D0E47B8641AB978
 Amount of Each Receipt this Period **250.00**

C. Dr. Joseph M. Hughes
 Full Name (Last, First, Middle Initial)
 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 Occupation Los Alamitos Foot Center Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 04 / 2015**
Transaction ID : A4135474E2FFF4802BE6
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<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"/>	<input type="checkbox"/> 17

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

A. Dr. Jill Lynn Jackson-Smith
Full Name (Last, First, Middle Initial)

Mailing Address Metro Tulsa Foot & Ankle Specialis
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 Metro Tulsa Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015
Transaction ID : AED786B7EBB8A4E4DB01

Amount of Each Receipt this Period 500.00

B. Dr. Randy K. Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 1026 S. Washington Ave.

City Royal Oak State MI Zip Code 48067-3218

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

Date of Receipt 07 / 24 / 2015
Transaction ID : A53DD49B60ECD4A528E8

Amount of Each Receipt this Period 5.00

C. Dr. Harvey S. Karp
Full Name (Last, First, Middle Initial)

Mailing Address 649 N. Broad St.

City Woodbury State NJ Zip Code 08096-1621

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : AFA030A2B1CB045BB80D

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1005.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 5801 Fashion Blvd. #120

City Salt Lake City State UT Zip Code 84107-8115

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 20 / 2015**

Transaction ID : A2739689F57BA4C2CAB4

Amount of Each Receipt this Period **50.00**

B. Dr. Anthony Lo
Full Name (Last, First, Middle Initial)

Mailing Address 59-206 Ka Nani Dr.

City Kamuela State HI Zip Code 96743-8552

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

Name of Employer Minor & James Medical, LLC Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **07 / 20 / 2015**

Transaction ID : A938E1DF550754EE0931

Amount of Each Receipt this Period **-100.00**

Mistakenly credited to this doc, should have been credited to Dr. Scanlan

C. Dr. Nima Moghaddas
Full Name (Last, First, Middle Initial)

Mailing Address Eastport Health Care Clinic
30 Boynton St., P.O. Box H

City Eastport State ME Zip Code 04631

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

Name of Employer Eastport Health Care Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : A1F2132940B15427B835

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. David R. Northcutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1531 N. Buckner Blvd.
 City Dallas State TX Zip Code 75218-3517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : A7F4F213D7ED74E7AB6B
 Amount of Each Receipt this Period
 500.00

B. Dr. Nicholas B. Plants
 Full Name (Last, First, Middle Initial)
 Mailing Address OK Foot & Ankle Institute
 13316 S. Western #1
 City Oklahoma City State OK Zip Code 73170-7309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : A3A33A04E51CA48E49FA
 Amount of Each Receipt this Period
 300.00

C. Dr. Alan J. Reinicke
 Full Name (Last, First, Middle Initial)
 Mailing Address Mercy Clinic East
 3524 E. Milwaukee St.
 City Janesville State WI Zip Code 53546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercury Podiatry, Inc.
 Occupation 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
 07 / 24 / 2015
Transaction ID : A04971DA7AF254277918
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Jason W. Rockwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Associates, Inc.
 2019 Galisteo St. #K
 City Santa Fe State NM Zip Code 87505-2159
 Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 24 / 2015
Transaction ID : A24AC65BF10834CB09FD
 Amount of Each Receipt this Period 50.00

B. Dr. Lee Christopher Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 18557 E. Ashridge Dr.
 City Queen Creek State AZ Zip Code 85142-3619
 Name of Employer Valley Presbyterian Hospital Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2015
Transaction ID : AD2A829654397420498C
 Amount of Each Receipt this Period 1000.00

C. Dr. David P. Sheldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 W. Royal Dr.
 City Traverse City State MI Zip Code 49684-8965
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A5065049EBC8144BA9A2
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. John V. Simons
Full Name (Last, First, Middle Initial)

Mailing Address 6321 Southwinds Dr.

City North Little Rock State AR Zip Code 72118-5201

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2015
Transaction ID : A8E2163AA123D458ABA4

Amount of Each Receipt this Period 250.00

B. Dr. Steven B. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2929 E 69th St.

City Tulsa State OK Zip Code 74136-4541

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015
Transaction ID : AD6ED8854540F4826931

Amount of Each Receipt this Period 500.00

C. Dr. Malcolm Derek Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1700 N. 5th St.

City Ponca City State OK Zip Code 74601-2762

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2015
Transaction ID : AF301DA65FE134C8281F

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Michael B. Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 201 68th Pl.

City Kenosha State WI Zip Code 53143-5137

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
07 / 29 / 2015
Transaction ID : A67FA65E1ACB54BE3A23

Amount of Each Receipt this Period
125.00

B. Dr. Charles David Trimble
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 495/980

City Greenville State OH Zip Code 45331

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

Name of Employer Western OH Podiatric Medical Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 29 / 2015
Transaction ID : AA086559BEA614E3B99C

Amount of Each Receipt this Period
500.00

C. Dr. Mitchell R. Waskin
Full Name (Last, First, Middle Initial)

Mailing Address The Foot & Ankle Center
1465 Johnston Willis Dr.

City Richmond State VA Zip Code 23235

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

Name of Employer The Foot & Ankle Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
07 / 20 / 2015
Transaction ID : AFA526011588645C5BD0

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **925.00**

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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Benjamin W. Weaver
 Full Name (Last, First, Middle Initial)
 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 Central KS Podiatry Associates Occupation 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
07 / 31 / 2015
Transaction ID : A7938F9C6AC0948BD8B1
 Amount of Each Receipt this Period
50.00

B. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Foot & Ankle Center
 P.O. Box 98209
 City Raleigh State NC Zip Code 27624-8209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015
Transaction ID : A99C6C2D883A6451E8D0
 Amount of Each Receipt this Period
50.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	11685.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2016 Primary Election Donation

Candidate Name

Sen. Chuck Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

Transaction ID : B79ED4D185DAC491D857

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2016 General Election Donation

Candidate Name

Sen. Chuck Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

Transaction ID : B77DB78E5136A4DAD931

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC, The

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
2015 Leadership PAC Donation (Senator Chuck Grassley)

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

Transaction ID : BE40AA00A77CE4334BE0

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement

Candidate Name

Rep. Jeff B. Miller

Office Sought: House Senate President

State: FL District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : BFF8860A2B01849A3ADA

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Progressive Choices PAC

Mailing Address PO Box 58

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Schakowsky LPAC 2015

Candidate Name

Office Sought: House Senate President

State: District:

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

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : B30AFC2767592440E9D3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sires For Congress

Mailing Address 6050 Blvd. East

City West New York State NJ Zip Code 07093

Purpose of Disbursement

Candidate Name

Rep. Albio Sires

Office Sought: House Senate President

State: NJ District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : B5C49F71FCD6A464AA24

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

20000.00