

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 05 / 01 / 2016 through 05 / 31 / 2016

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 06 / 16 / 2016

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="2016"/>		426633.57
(b) Cash on Hand at Beginning of Reporting Period.....	557026.39	
(c) Total Receipts (from Line 19)	11810.83	257853.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	568837.22	684487.22
7. Total Disbursements (from Line 31).....	8100.00	123750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	560737.22	560737.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	6333.33	164263.99
(ii) Unitemized	5477.50	93589.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11810.83	257853.65
(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)	11810.83	257853.65
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))..... ▶	11810.83	257853.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11810.83	257853.65

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.....	8100.00	123600.00
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	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	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)) ..	8100.00	123750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8100.00	123750.00

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)	11810.83	257853.65
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11810.83	257703.65
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 17
	<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. Animesh S. Bhatia
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Lazelle Rd. E #B
 City Columbus State OH Zip Code 43235-8605
 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 05 / 16 / 2016
Transaction ID : A84F87049D51D4D96AD6
 Amount of Each Receipt this Period 250.00
 Memo Item

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 250.00

Date of Receipt 05 / 09 / 2016
Transaction ID : A64446D63E86F46558A2
 Amount of Each Receipt this Period 50.00
 Memo Item

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 500.00

Date of Receipt 05 / 29 / 2016
Transaction ID : A54B7C49FB8BC4F53B2F
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 17
	<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. Irving J. Buchbinder
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2016
Transaction ID : AF8365C9A2D0D47E2858
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Dr. Irving J. Buchbinder
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2016
Transaction ID : A4B1D210BD4174DDAA28
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Dr. Donald James Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address Hermiston Family Foot Clinic
 1050 W. Elm Ave. #170
 City Hermiston State OR Zip Code 97838-2715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Heritage Podiatry Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2016
Transaction ID : AA38062A7B2FA4FFBAF0
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

A. Dr. 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 ▼ 1250.00

Date of Receipt: 05 / 01 / 2016
Transaction ID : A84E4ADE086B24DE9B31
 Amount of Each Receipt this Period: 150.00
 Memo Item

B. 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 ▼ 1400.00

Date of Receipt: 05 / 17 / 2016
Transaction ID : A81CFA12E156943969BB
 Amount of Each Receipt this Period: 150.00
 Memo Item

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 ▼ 400.00

Date of Receipt: 05 / 22 / 2016
Transaction ID : A69530947BB4C496ABE6
 Amount of Each Receipt this Period: 50.00
 Memo Item

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 9 OF 17
	<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. Lee E. Firestone
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 K St. N.W. #520
 City Washington State DC Zip Code 20006-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FASMA Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 10 / 2016**
Transaction ID : AF64AA5FBA79C498C95F
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Dr. Armando Gonzalez Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 Corliss Ave. #402
 City Johnson City State NY Zip Code 13790-2071
 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 **05 / 22 / 2016**
Transaction ID : A7103B10725D340DFB09
 Amount of Each Receipt this Period **75.00**
 Memo Item

C. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **05 / 22 / 2016**
Transaction ID : AA73129B3A1C6428C9B2
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
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 17
	<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A5955247D3C74489E832
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Dr. Brent Martin Harwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Southeast Podiatry
 23937 U.S. Hwy. 98 #1
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Podiatry Occupation 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
 05 / 04 / 2016
Transaction ID : AEC7AF44049B945DE87F
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2016
Transaction ID : A188A3F82EF33429C88C
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<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. Mark Andrew Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address Pensacola Foot & Ankle Center
 4850 N. 9th Ave.
 City Pensacola State FL Zip Code 32503-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2016
Transaction ID : A5DCD55E6881C4980AB1
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Dr. Melissa Jomarie Lockwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Heartland Foot & Ankle Assn., P.C.
 10 Heartland Dr. #B
 City Bloomington State IL Zip Code 61704-7775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 16 / 2016
Transaction ID : A8F042E14889B456C98A
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Dr. Alan K. Mauser
 Full Name (Last, First, Middle Initial)
 Mailing Address Louisville Podiatry PSC
 2525 Bardstown Rd.
 City Louisville State KY Zip Code 40205
 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 05 / 31 / 2016
Transaction ID : AB50A4800C67E43699AF
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 483.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
	<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. James Mazur
Full Name (Last, First, Middle Initial)

Mailing Address 322 Mocksville Ave.

City Salisbury State NC Zip Code 28144-3328

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 05 / 12 / 2016
Transaction ID : A70440525013F4E07AA9

Amount of Each Receipt this Period 300.00

Memo Item

B. Dr. Kevin C. McDonald
Full Name (Last, First, Middle Initial)

Mailing Address Family Foot Care
1022 Lee Ann Dr. N.E.

City Concord State NC Zip Code 28025-2911

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

Name of Employer Family Foot Care, P.C. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2016
Transaction ID : AD1DD66DE27524C448A5

Amount of Each Receipt this Period 125.00

Memo Item

C. Dr. Michael Morrill
Full Name (Last, First, Middle Initial)

Mailing Address Family Foot Care
2692 Richmond Rd. #100

City Lexington State KY Zip Code 40509-1542

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

Name of Employer Family Foot Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2016
Transaction ID : A1F3E301B00B94FB291C

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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 17
	<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. G. Gregg Neibauer

Full Name (Last, First, Middle Initial)
Mailing Address **Alpine Foot & Ankle Clinic**
1845 Bancroft St.

City **Missoula** State **MT** Zip Code **59801-5747**

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

Name of Employer **Alpine Foot & Ankle Clinic** 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
05 / 09 / 2016

Transaction ID : AA667A876B3854A848FF

Amount of Each Receipt this Period
500.00

Memo Item

B. Dr. Jason W. Rockwood

Full Name (Last, First, Middle Initial)
Mailing Address **Foot & Ankle Associates, Inc.**
2019 Galisteo St. #K

City **Santa Fe** State **NM** Zip Code **87505-2159**

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

Name of Employer **Glacier Foot & Ankle 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
05 / 29 / 2016

Transaction ID : A5493A0FA37084FCE9DA

Amount of Each Receipt this Period
50.00

Memo Item

C. Dr. Bryan Carl Satterwhite

Full Name (Last, First, Middle Initial)
Mailing Address **3469 Scupper Run S.E.**

City **Southport** State **NC** Zip Code **28461-7411**

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
05 / 04 / 2016

Transaction ID : A059C1899A300441B986

Amount of Each Receipt this Period
300.00

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 14 OF 17
	<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. Maxime G.J. Savard
Full Name (Last, First, Middle Initial)

Mailing Address 2120 Driftwood Blvd.

City Kenner	State LA	Zip Code 70065-3574
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ochsner Health Center	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
05	/	23	/	2016

Transaction ID : A07924510A5CB4DB4A15

Amount of Each Receipt this Period
500.00

Memo Item

B. Dr. Amol Saxena
Full Name (Last, First, Middle Initial)

Mailing Address 3814 Magnolia Dr.

City Palo Alto	State CA	Zip Code 94306-3231
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2016

Transaction ID : A4935508EFBD64217922

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr. Lisa M. Schoene
Full Name (Last, First, Middle Initial)

Mailing Address Gurnee Podiatry & Sports Medicine
351 S. Greenleaf St. #C

City Park City	State IL	Zip Code 60085-5701
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gurnee Podiatry & Sports Medicine	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
05	/	31	/	2016

Transaction ID : A4A6FF039FE2A4130999

Amount of Each Receipt this Period
500.00

Memo Item

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 15 OF 17
	<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. Craig H. Thomajan
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Foot & Ankle Specialists
 5000 Bee Cave Rd. #202
 City Austin State TX Zip Code 78746-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Foot & Ankle Specialists Occupation 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
 05 / 31 / 2016
Transaction ID : AE90E5F7ED6814891B26
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Dr. William R. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1511 Clement St.
 City San Francisco State CA Zip Code 94118-1031
 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
 05 / 31 / 2016
Transaction ID : A6EA569E64C4E4E1CBBE
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Dr. Heather L. Whitesel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5892 Cedar creek Ln.
 City Lexington State KY Zip Code 40515-9709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kentucky 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
 05 / 31 / 2016
Transaction ID : A3F6F640F7FC546B8AC3
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 17
(check only one)

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

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 ▼ **250.00**

Date of Receipt
05 / 09 / 2016

Transaction ID : A78727F5264EF4210ACD

Amount of Each Receipt this Period
50.00

Memo Item

B. 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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	6333.33

**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. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Rep. John Moolenaar

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : **B6BE8EC3B31544B26AD0**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

Candidate Name

Rep. Tim F. Murphy

Office Sought: House Senate President

State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : **B7091D65B8797442BAB6**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Sen. Ron Wyden

Office Sought: House Senate President

State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : **B1F9E22C4ED4D4856B8B**

Amount of Each Disbursement this Period

3100.00

Memo Item

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

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

8100.00

8100.00