Image# 201705179053953422			_	PAGE 1 / 21
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT V	Example: If typing, ty over the lines.	^{pe} 12FE4M	
American Podiatric Medic	al Association Politic		ittee	
ADDRESS (number and street)	312 Old Georgetown Road			
Check if different than previously reported. (ACC)	9ethesda 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MD	20814-1698
2. FEC IDENTIFICATION NUME			STATE 🔺	ZIP CODE
C C00008839	3. IS TI REP	- v	OR AM	IENDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 	(b) Monthly Report Due On: (c) 12-Day RE-Election Report for the:	(M3) Jun 2	D (M6) Sep	
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year	Election o		D / Y Y Y Y Y Y	in the State of
Report (Non-election Year Only) (MY) Termination Report (TER)	POST-Election Report for the: Election o	General (30G)	P / Y Y Y Y Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2017	through	M M / D D / 04 30 /	2017
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my Kaplan, Randy, K., Dr.,	knowledge and belief		·
Signature of Treasurer	andy, K., Dr.,	[Electronically Filed	Date 05	/ D D / Y Y Y Y Y 17 2017
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person s	gning this Report to th	
Office Use Only				FEC FORM 3X Rev. 05/2016

05/17/2017 15 : 40

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

American Podiatric Medical Association Political Action Committee

R	Report Covering the Period: From:	/ 01 / Y Y Y Y Y 01 2017 T	b: 04 / 0 = 0 / 9 = 9 = 9 = 9 = 9 = 9 = 9 = 9 = 9 = 9
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		302488.53
	(b) Cash on Hand at Beginning of Reporting Period	402072.86	
	(c) Total Receipts (from Line 19)	29262.50	209196.83
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	431335.36	511685.36
7.	Total Disbursements (from Line 31)	0.00	80350.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	431335.36	431335.36
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. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering	the Period: From:	/ D D / Y Y Y Y 01 2017 To	b: 04 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individual	(other than loans) From: s/Persons Other itical Committees		
(i) Itemiz	zed (use Schedule A)	18108.33	148663.66
(ii) Unite (iii) TOTA	mized	11154.17	60533.17
	11(a)(i) and (ii)▶	29262.50	209196.83
	Party Committees	0.00	0.00
(such as	litical Committees PACs) tributions (add Lines	0.00	0.00
11(a)(iii),	(b), and (c)) (Carry Line 33, page 5)	29262.50	209196.83
	tees	0.00	0.00
13. All Loans Red	ceived	0.00	0.00
15. Offsets To Op	ents Received	0.00	0.00
16. Refunds of C	to Line 37, page 5)	0.00	0.00
	nittees	0.00	0.00
(Dividends, In 18. Transfers from	terest, etc.) n Non-Federal and Levin Funds	0.00	0.00
(a) Non-Feder (from Sch	nedule H3)	0.00	0.00
(b) Levin Fun	ds (from Schedule H5)	0.00	0.00
(c) Total Trans	sfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts 12, 13, 14, 15	s (add Lines 11(d), 5, 16, 17, and 18(c))▶	29262.50	209196.83
20. Total Federal (subtract Line	Receipts 18(c) from Line 19)▶	29262.50	209196.83

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

 (ii) Non-Federal (b) Other Federal Op Expenditures (c) Total Operating E (add 21(a)(i), (a)(Transfers to Affiliated/ Committees Contributions to Federal Candidates/Co and Other Political Co Independent Expenditi (use Schedule E) 	s: /Non-Federal ledule H4) re Share erating xpenditures ii), and (b))	COLUM Total This		COLUMN B Calendar Year-to-Date	0.00
 (a) Allocated Federal Activity (from Sch (i) Federal Shar (ii) Non-Federal Sch Expenditures	/Non-Federal edule H4) e Share erating xpenditures ii), and (b))►		0.00		0.00
 (i) Federal Shar (ii) Non-Federal (b) Other Federal Op Expenditures (c) Total Operating E (add 21(a)(i), (a)(Transfers to Affiliated/ Committees Contributions to Federal Candidates/Co and Other Political Co Independent Expenditi (use Schedule E) 	e Share erating xpenditures ii), and (b))▶		0.00		-
 (b) Other Federal Op Expenditures (c) Total Operating E (add 21(a)(i), (a)(Transfers to Affiliated/ Committees Contributions to Federal Candidates/Co and Other Political Co Independent Expenditi (use Schedule E) 	erating xpenditures ii), and (b))►				0.00
Expenditures (c) Total Operating E (add 21(a)(i), (a)(Transfers to Affiliated/ Committees Contributions to Federal Candidates/Co and Other Political Co Independent Expenditi (use Schedule E)	xpenditures ii), and (b))▶		0.00		
(add 21(a)(i), (a)(Transfers to Affiliated/ Committees Contributions to Federal Candidates/Co and Other Political Co Independent Expenditi (use Schedule E)	ii), and (b))▶				0.00
Committees Contributions to Federal Candidates/Co and Other Political Co Independent Expenditi (use Schedule E)	Others Deuter		0.00		0.00
Federal Candidates/Co and Other Political Co Independent Expendition			0.00		0.00
Independent Expendit	ommittees mmittees		0.00	8000	00.00
	ures		0.00		0.00
Coordinated Party Exp (52 U.S.C. § 30116(d) (use Schedule F)	penditures		0.00		-
× ,					0.00
Loan Repayments Ma	de		0.00		0.00
Loans Made Refunds of Contributio	ons To:		0.00		0.00
(a) Individuals/Persor Than Political Co	mmittees		0.00	35	50.00
	mmittees		0.00		0.00
()			0.00		0.00
(d) Total Contribution (add Lines 28(a),	Refunds (b), and (c))	· · · ·	0.00	35	50.00
Other Disbursements Non-Federal Donations			0.00		0.00
Federal Election Activ (a) Allocated Federal (from Schedule F	-	0))			
(i) Federal Share		7 7	0.00		0.00
(ii) "Levin" Share.(b) Federal Election A	Activity Paid		0.00		0.00
	eral Funds	-77-	0.00		0.00
. ,	(a)(ii) and 30(b))		0.00	· · · · · · · · · · · ·	0.00
Total Disbursements (23, 24, 25, 26, 27, 28			0.00	8035	50.00
Total Federal Disburse					
(subtract Line 21(a)(ii) from Line 31)			0.00	8035	0.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

				29262.50
	7		-7	
				0.00
	-7		-7	0.00
				29262.50
	-		7	29202.50
				0.00
	7	 	-7	0.00
	-7		-7	0.00
				0.00
	-7-		-7-	0.00

				000100.00
	 -7-		 7	209196.83
				350.00
	-		-1	330.00
				208846.83
	-		-7	
				0.00
	-7		-7	
				0.00
	-7-		-7	
		1		0.00
- I	 -7-		 -7-	

COLUMN B

Calendar Year-to-Date

Page 5

FOR LINE NUMBER:

PAGE 6 OF

			Use separate schedule(s)	(cl	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13		11b 14	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions			
	NAME OF COMMITTEE (In Full)												
\rangle	American Podiatric Medical Asso	ociation	Political Action Comm	nittee	!								
Α.	Full Name of Individual (Last, First, Middle Initi Antero, Patricia, Mary, Dr.,	al) or Full C	Drganization Name		Date o	f Re	eceipt						
	Mailing Address 215 Hargrove Rd. E.				м м 04	1	D 14) / Y	ү ү 2017	Y			
	City Tuscaloosa	State AL	Zip Code 35401-5027					AB529C Receipt th		94D0093E d			
	FEC ID number of contributing federal political committee.	С							225	.00			
	Name of Employer (for Individual) Self-Employed		cupation (for Individual) diatric Physician		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00										
В.	Full Name of Individual (Last, First, Middle Initi Bryan, Gregory, W., Dr.,	al) or Full C	Drganization Name		Date o	f Re	eceipt						
	Mailing Address Ark LA Tex Foot Specialists, LL 385 Bert Kouns #200				04	1	24) / Y	2017	Y			
	City	State	Zip Code	_						4E4E878			
	Shreveport	LA	71106		Amoun	t of	Each F	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		100	0.00			
	Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC		cupation (for Individual) diatric Physician		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Clark, Edwin, A., Dr.,	al) or Full C	Drganization Name		Date o	f Re	eceipt						
	Mailing Address AR Foot & Ankle Clinic 1501 Aldersgate Rd.				04		D 21	JL	ү ү 2017	_			
	City Little Rock	State AR	Zip Code 72205-6611					AD9983 Receipt th		B44B89B d			
	FEC ID number of contributing federal political committee.	С			Ē		y	, ,	250	0.00			
	Name of Employer (for Individual) AR Foot & Ankle Clinic		cupation (for Individual) liatric Physician		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
⊢	UBTOTAL of Receipts This Page (optional)			► ►			, , , ,	, , ,	575	.00			

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation	Political Action Commi	ttee							
Full Name of Individual (Last, First, Middle A. Coda, Vincent, J., Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 213 Fairview Blvd.			04 28 2017							
City Kendallville	State IN	Zip Code 46755-2988	Transaction ID : A8BB0903FD36348AAB Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, Middle B. Dabdoub, William, H., Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 108A Smart PI.			04 17 2017							
City Slidell	State LA	Zip Code 70458-2040	Transaction ID : AAA550BEDBEB64885E Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		150.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) liatric Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]							
Full Name of Individual (Last, First, Middle C. Fenberg, Cynthia, A., Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address Ankle & Foot Clinic <u>5225 Cirque Dr. W #100</u> City	State	Zip Code	04 29 2017 Transaction ID : ACED29C9729354CB08							
University Place	WA	98467-3604	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
SUBTOTAL of Receipts This Page (optional)			900.00							
TOTAL This Period (last page this line numb	er only)									

FOR LINE NUMBER:

PAGE 8 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than us			berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
American Podiatric Medica	I Association I	Political Action Commi	ttee							
Full Name of Individual (Last, First, Mid Grady, John, F., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4650 Southwest Hwy.			04 26 2017							
City Oak Lawn	State IL	Zip Code 60453-1836	Transaction ID : A29B8FFF1FFF40A4889 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		5000.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]							
Full Name of Individual (Last, First, Mid Green, Tyson, E., Dr., Mailing Address 1747 Imperial Blvd.	Idle Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	04 20 2017 Transaction ID : A01EC54F4176F490193E							
Lake Charles FEC ID number of contributing federal political committee.	C	70605-5362	Amount of Each Receipt this Period							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]							
Full Name of Individual (Last, First, Mid C. Grenier, Richard, , Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address St. Jude Heritage 8078 E. Santa Ana Ca			04 / D D / Y Y Y Y Y 14 2017							
City Anaheim	State CA	Zip Code 92808	Transaction ID : AD5963B2316454C7EA95 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Foot Fitness Center		upation (for Individual) atric Physician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]							
SUBTOTAL of Receipts This Page (option	nal)		5400.00							
TOTAL This Period (last page this line n	umber only)									

SCHEDULE A (FEC Form 3X) _ _____

FOR LINE NUMBER:

PAGE 9 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □							
NAME OF COMMITTEE (In Full) American Podiatric Medica	al Association	Political Action Commi	ttee							
Full Name of Individual (Last, First, M Guadara, John, , Dr.,	iddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 24 Bergan St. #1			M M / D D / Y Y Y Y Y 04 20 2017							
City Hackensack	State NJ	Zip Code 07601-5461	Transaction ID : AEF54F665C94F413D/ Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, M B. Harris, Martin, Clayton, Dr.,	iddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address Martin C. Harris & Ass 7 Wilkins Dr.			04 / Y Y Y Y 2017							
City Plainville	State MA	Zip Code 02762	Transaction ID : ADB697DBF681D45E0 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		300.00							
Name of Employer (for Individual) Martin C. Harris & Associates		upation (for Individual) liatric Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, M C. Harsch, Jeffrey, L., Dr.,	iddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1300 N.E. Windsor D			04 03 2017							
City Lees Summit	State MO	Zip Code 64086-8477	Transaction ID : A70F18595677A45D78 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) atric Physician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
SUBTOTAL of Receipts This Page (opti	onal)		1050.00							
TOTAL This Period (last page this line	number only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

			Detailed Summary Page	×	11a 13		11b		1c	12 16	17					
			l ay not be sold or used by any p uddross of any political committe		for the		pose o	of solid	citing o	contributi	ions					
		ule name and a	ddress of any political committe		ncit co	ιιτric	JULIONS	irom	SUCN	committe	. .					
				'11 -												
/			Political Action Commi													
Full Name of Indivi Heit, Eric, J., Dr	idual (Last, First, Middle r	e Initial) or Full O	rganization Name		Date of	f Po			_							
		ontor						_		14						
-	irginia Mason Medical Co	entel			04 29 2017											
12 City	201 Terry Ave.	State	Zip Code						170224		13 / 20 /					
Seattle		WA	98101							AD7CC74	+JH29					
FEC ID number of	contributing				- 411						-					
federal political cor	0	C			_	_	-		- 7	250.0						
Name of Employer	(for Individual)	Осси	upation (for Individual)		M	emo	o Item									
Self-Employed		Pod	liatric Physician													
Receipt For:			Year-to-Date ▼													
Primary	General	55.59410		. 1												
Other (specif	fy) 🔻		250.00	1												
	idual (Last, First, Middle	i Initial) or Full O	rganization Name	+												
B. Henry, Thoma				L	Date of	f Re	eceipt									
	uburn Family Foot Care (06 Auburn Ave.	Center			м м 04] ′	29			ү 2017	Y					
City		State	Zip Code			acti				D34134						
Auburn		WA	98002	A						Period						
FEC ID number of	contributina				_	_										
federal political cor		С			<u> </u>	_	- y	_	-y	250.0	0					
Name of Employer Auburn Family Foot			upation (for Individual) liatric Physician		M	lemc	o Item									
Receipt For:		Aggregate	Year-to-Date ▼													
Primary	General	55 - 54.5		. .												
Other (specif	fy) 🔻		250.00													
	idual (Last, First, Middle Robert, Louis, Dr.,		rganization Name	<u> </u>	Jata -	۲ <u>-</u>	uccint									
C. Hovancsek, H Mailing Address 2		<u> </u>			Date of		D			Y Y	Y					
City		State	Zip Code	4	04 Trans	Jac+	29 ion ID		the second se	2017 DBDD7E	4870					
Aberdeen		WA	98520-3514							Period						
FEC ID number of	contributing				ouri											
federal political cor	0	C				_	,		9	300.0	0					
Name of Employer	(for Individual)	Осси	upation (for Individual)		М	lemc	o Item									
Self-Employed		Podi	iatric Physician	_												
Receipt For:		I	Year-to-Date ▼													
Primary	General	33.0940														
Other (specif	fy)		300.00	1												
						_		_								
SUBTOTAL of Recei	ipts This Page (optional	l)			_	<u>+</u>	9		9	800.0	0					
TOTAL This Derived	flast nade this line aver-	her only)		Ţ			-		-							
IUTAL THIS Period ((last page this line num	uer only)	······]			-	-	_	7		_					

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)								
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 □								
Any or fe	information copied from such Reports and Stor commercial purposes, other than using the	tatements ma name and a	I ay not be sold or used by any Iddress of any political committe	person for the purpose of soliciting contributions from such committee.								
	JAME OF COMMITTEE (In Full)											
	American Podiatric Medical Ass	ociation I	Political Action Comm	ittee								
-	Full Name of Individual (Last, First, Middle Init Huppin, Lawrence, Zane, Dr.,	ial) or Full O	organization Name									
				Date of Receipt								
-	Aailing Address Foot & Ankle Center of WA 600 Broadway #220			04 29 2017								
	Dity	State WA	Zip Code	Transaction ID : A33E2FABD83174667E								
_	Seattle	VVA	98122	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		300.00								
٦	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	Foot & Ankle Center of WA	Pod	liatric Physician									
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		200.00	1								
	Other (specify)		300.00	1								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name									
_	Johnson, Daniel, K., Dr.,			Date of Receipt								
N	Nailing Address 19251 2nd Ave. S.			04 29 2017								
C	Dity	State	Zip Code	Transaction ID : A205C6EB593B046DC								
_	Burien	WA	98148-2105	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		300.00								
	Name of Employer (for Individual) Self-Employed		upation (for Individual) diatric Physician	Memo Item								
F	Receipt For:	Aggregate	Year-to-Date V	—								
	Primary General			-								
	Other (specify)	L	300.00	1								
	Full Name of Individual (Last, First, Middle Init Johnson, John, D., Dr.,	ial) or Full O	Organization Name	Date of Receipt								
-	Aailing Address 9454 W. Scenic Lake Dr.											
_			1	04 10 2017								
	Dity	State MI	Zip Code 48848-9749	Transaction ID : A7A059F908B9D4740A								
-	Laingsburg	IVII	40040-9749	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	C		375.00								
N	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	Self-Employed	Podi	iatric Physician									
F	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		375.00	1								
	Other (specify)		7	-								
su	BTOTAL of Receipts This Page (optional)			975.00								
то	TAL This Period (last page this line number of	only)		•								

SCHEDULE A (FEC Form 3X) _____ _

FOR LINE NUMBER:

PAGE 12 OF

			Use separate schedule(s)	(ch	(check only one)									
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12					
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	f Individual (Last, First, Middle Ini Deborah, , Dr.,	tial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Addr	ress 4361 Talbot Rd. S. #101				04 29 2017									
City Renton		State WA	Zip Code 98055-6226						2 5955584 is Period	FFE9F7				
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	ress 2937 Cardamon Ln.				м м 04	/	D D D 11	/ Y	2017	Y				
City Fullerton		State CA	Zip Code 92835-4307				-		60A33C2	158899B				
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	f Individual (Last, First, Middle Ini , Mark, Andrew, Dr.,	tial) or Full O	rganization Name		Date of	Re	ceipt							
	ress Pensacola Foot & Ankle Cent 4850 N. 9th Ave.				04	/	20	JL	2017	_				
City Pensacola		State FL	Zip Code 32503-2407	_					C769B36 is Period	4EDD8B4				
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American Podiatric Medical As	SSUCIALIUN		lee										
Full Name of Individual (Last, First, Middle Larsen, Kevin, Jay, Dr.,	Initial) or Full C	rganization Name	Date of Re	eceipt									
Mailing Address Grand Island Foot Clinic P.O. Box 5020			04 /	M M / D D / Y Y Y Y									
City Grand Island	State NE	Zip Code 68802-5020		tion ID : A3A2D Each Receipt		68AB86							
FEC ID number of contributing federal political committee.	С				250.0	0							
Name of Employer (for Individual) Grand Island Foot Clinic	Grand Island Foot Clinic Podiatric Physician												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
Full Name of Individual (Last First Middle	Initial) or Full O	reconization Nome	-										
Full Name of Individual (Last, First, Middle B. Leonheart, Eric, E., Dr.,	Initial) of Full C	rganization Name	Date of Re	eceipt									
Mailing Address Valley Podiatric Clinic 10555 S.E. Carr Rd.			M M /	29 /	2017	Y							
City Renton	State WA	Zip Code 98055-5820	Transaction ID : A99249A0DACAD4532B4 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.00										
Name of Employer (for Individual) Valley Podiatry Clinic		upation (for Individual) liatric Physician	Memo	o Item									
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		500.00											
Full Name of Individual (Last, First, Middle C. Lockwood, Melissa, Jomarie, Dr		rganization Name	Date of Re	eceipt									
Mailing Address Heartland Foot & Ankle Ass 10 Heartland Dr. #B			04	16	2017								
City Bloomington	State IL	Zip Code 61704-7775		Each Receipt		IAE0BA							
FEC ID number of contributing federal political committee.	С			, ,	83.3	3							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo	o Item									
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Α.	Full Name of Individual (Last, First, Middle Initi Lorio, Chantal, B., Dr.,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 4424 Kawanee Ave.			M M / D D / Y Y Y Y Y										
	City	State	Zip Code		04		14	A 4 2 2 0 A 4	2017	4450004				
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B	Full Name of Individual (Last, First, Middle Initi Marra, Robert, E., Dr.,	al) or Full O	rganization Name		Date o	f Re	acaint							
Ъ.	Mailing Address 1379 Enfield St.								YY	V				
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	City	State	Zip Code		Trans	acti	ion ID : /	AB5B46	BD0E0F2	42DEA74				
	Enfield	СТ	06082-5524						is Period					
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	Other (specify) V		500.00	4										
с.	Full Name of Individual (Last, First, Middle Initi Mistretta, Richard, Pat, Dr.,	al) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address Affiliated Foot & Ankle				M M	/	DD	/ Y	YY	Y				
	3071 Peachtree Industrial Blvd				04		29	J L	2017					
	City Duluth	State GA	Zip Code 30097-8607						70C2E62 iis Period	4A39854				
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	American Podiatric Medical Ass	ociation I	Political Action Comm	ittee								
A.	Full Name of Individual (Last, First, Middle Init Morris, Kevin, L., Dr.,	ial) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address Foot & Ankle of Wenatchee 616 N. Chelan Ave.			44	04 / D D / Y Y Y Y 29 / 2017							
	City Wenatchee	State WA	Zip Code 98801-2025					Receipt th	91287175 iis Period	47A1A8E		
	FEC ID number of contributing federal political committee.	С					y	-7	300.	00		
	Name of Employer (for Individual) WWMG Cascade Podiatry		upation (for Individual) liatric Physician		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]								
в.	Full Name of Individual (Last, First, Middle Init Moyles, Briant, G., Dr.,	ial) or Full O	organization Name	D	ate of	Re	ceipt					
	Mailing Address Melbourne Podiatry Associates 211 E. New Haven Ave.				04	1	28		2017	Y		
	City Melbourne	State FL	Zip Code 32901-4503				-		305858A4	CF090C		
	FEC ID number of contributing federal political committee.	С		mount	OT	Each F	Receipt th	300.0	00			
	Name of Employer (for Individual) Melbourne Podiatry Associates		upation (for Individual) Jiatric Physician		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300,00]								
с.	Full Name of Individual (Last, First, Middle Init Parmenter, Matthew, A., Dr.,	ial) or Full O	organization Name	D	ate of	Re	ceipt					
	Mailing Address 1206 N. 1000 W.				04	1	03		2017	Y		
	City Linton	State IN	Zip Code 47441-5293					: A45D1F Receipt th	D7A33FF	4798B4D		
	FEC ID number of contributing federal political committee.	С		ļ			y .	7	300.	00		
	Name of Employer (for Individual) Self-Employed Receipt For:	Pod	upation (for Individual) iatric Physician		Me	ema	Item					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1								
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\mathbf{a}	NAME OF COMMITTEE (In Full) American Podiatric Medical As	enciation		itical Action Commi	Hoo												
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Α.	Full Name of Individual (Last, First, Middle Ir Pirotta, Stephen, S., Dr.,	nitial) or Full C	ial) or Full Organization Name						Date of Receipt								
	Mailing Address Advanced Foot & Ankle Clini	cs				M M	/	D	D	/ Y	YY	Y					
	903 S.E. 22nd St. #1					04	Ľ)3		2017						
	City	State		Zip Code		Trans	acti	ion IC):A	9A5795	5A6B8C7	451182					
	Bentonville	AR		72712-4361		Amount	of	Each	Re	ceipt th	is Period						
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	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		Me	emo	Item	I								
	Advanced Foot & Ankle Clinics	Poo	diatrio	c Physician													
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B.	Reiner, Mark, E., Dr.,		- gai			Date of	Re	eceipt									
	Mailing Address The Podiatry Group/The Fool 637 E. Matthews Ave.	t Doctor				м м 04	/		D 10	/ Y	2017	Y					
	City	State		Zip Code		Trans	acti	ion ID) : A	70671A	EA421F4	1D8A5					
	Jonesboro	AR		72401-3145		Amount	of	Each	Re	ceipt th	is Period						
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	federal political committee.	С	25.00														
	Name of Employer (for Individual) The Podiatry Group, The Foot Doctors,	Occ Poo		Me	emo	Item	I										
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
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C.	Rettig, Richard, K., Dr.,				_	Date of	Re	· ·									
	Mailing Address 1335 W. Tabor Rd. #206					04	1		D 14	/ Y	2017	Y					
	City	State		Zip Code		Trans	acti	ion IC): A	COOCB	D4F9FE7	4ABCE					
	Philadelphia	PA		19141-3040		Amount	of	Each	Re	ceipt th	is Period						
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	Other (specify)		7	300.00													
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NAME OF COMMITTEE (In Full)										
American Podiatric Medical A	ssociation	Political Action Commi	ttee							
Full Name of Individual (Last, First, Middle Robinette, John, William, Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1801 W. 40th St. #6-B			04 21 2017							
City Pine Bluff	State AR	Zip Code 71603-6963	Transaction ID : A42C28999EC18460DA Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) iatric Physician	Memo Item							
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Full Name of Individual (Last, First, Middle Schroeder, Scott, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address Foot & Ankle Center of We 616 N. Chelan Ave.			04 / D D / Y Y Y Y 29 2017							
City Wenatchee	State WA	Zip Code 98801	Transaction ID : A907308B786F8416B87 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Foot Health Services		upation (for Individual) liatric Physician	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		300.00]							
Full Name of Individual (Last, First, Middle C. Spohn-Gross, Holly, A., Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6425 Lynch Canyon Dr.			04 / D D / Y Y Y Y 04 08 2017							
City Lake Isabella	State CA	Zip Code 93240-9726	Transaction ID : A2D238302A45242838 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Sienna Wellness Institute		upation (for Individual) iatric Physician	Memo Item							
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\ \	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action Commi	ttee										
۹.	Full Name of Individual (Last, First, Middle Init Stone, Kathleen, M., Dr.,	ial) or Full (Drganization Name	1	Date of Receipt									
	Mailing Address Thunderbird Footcare 5605 W. Eugie Ave. #102				04 28 2017									
	City Glendale	State AZ	Zip Code 85304-1273	Transaction ID : A5DEF93A19B9C4A13B Amount of Each Receipt this Period										
	FEC ID number of contributing ederal political committee.	С				. 01	-			250.0	00			
	Name of Employer (for Individual) Thunderbird Footcare		cupation (for Individual) diatric Physician		Me	emo	lten	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
	Full Name of Individual (Last, First, Middle Init Tanner, Nicholas, J., Dr.,	ial) or Full (Drganization Name		Date of	Re	eceipt	t						
	Mailing Address Family Foot Center 526 N. Mullan Rd. #B				04 / 29 / Y Y Y Y Y 2017									
	City Spokane	State WA	Zip Code 99206	Transaction ID : A201AC2F3C9F0 Amount of Each Receipt this Period							9258F			
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	Name of Employer (for Individual) Family Foot Center		cupation (for Individual) diatric Physician		Me	emo	lten	n						
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	Other (specify)		300.00	4										
) .	Full Name of Individual (Last, First, Middle Init Thompson, Michael, B., Dr.,	ial) or Full (Drganization Name		Date of	Re	eceipt	t						
	Mailing Address 201 68th Pl.				м м 04	/		D 05	/ Y	2017	Y			
	City Kenosha	State WI	Zip Code 53143-5137							B67F6224 is Period	AEB9			
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A.	Full Name of Individual (Last, First, Middle Initia Vanore, John, V., Dr.,	ll) or Full O	rganization Name	Di	ate of	Re	eceipt				
	Mailing Address 306 S. 4th St.			Ιſ	м м 04	/	03			017	
	City Gadsden	State AL	Zip Code 35901-5213					ABC78 Receipt 1			FA0886
	FEC ID number of contributing federal political committee.	С							_	250.00)
	Name of Employer (for Individual) Self-Employed	-Employed Podiatric Physician				emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name of Individual (Last, First, Middle Initia Ward, Curtis, L., Dr.,	l) or Full O	rganization Name	Di	ate of	Re	eceipt				
	Mailing Address ACPM Podiatry Group 5017 N. Glen Park Pl.			_	04	/	14			017	
	City Peoria	State IL	Zip Code 61614-4677					AD4440 Receipt 1			F96ABC
	FEC ID number of contributing federal political committee.	С								225.00	D
	Name of Employer (for Individual) ACPM Podiatry Group		upation (for Individual) iatric Physician		Me	emo	tem				
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Ward, Michael, W., Dr.,	l) or Full O	rganization Name	D	ate of	Re	eceipt				
	Mailing Address Dubuque Podiatry 1500 Delhi St. #2200			_ L	04 ^M	Ŀ	28		20	017	
	City Dubuque	State IA	Zip Code 52001-6359					A73801 Receipt 1			DFB881
	FEC ID number of contributing federal political committee.	С			_		, .	, ,	_	300.00)
	Name of Employer (for Individual) Dubuque Podiatry Receipt For:		upation (for Individual) atric Physician		Me	emc	o Item				
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NAME OF COMMITTEE (In Full)										
American Podiatric Medical Ass	sociation I	Political Action Comm	ttee							
Full Name of Individual (Last, First, Middle Ini A. Waversveld, Sara, A., Dr.,	tial) or Full O	rganization Name	Date of Receipt							
Mailing Address 715 N. Stadium Way			04 29 2017							
City Tacoma	State WA	Zip Code 98403-2825	Transaction ID : ADD25ABF482BB40809F							
		30403-2023	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Self-Employed	Pod	iatric Physician								
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Other (specify) V		300.00]							
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Full Name of Individual (Last, First, Middle Ini B. Winckelbach, Wendy, Sue, Dr.,	tial) or Full O	rganization Name	Date of Receipt							
Mailing Address Southside Foot Clinic 33 E. County Line Rd. #B			04 28 2017							
City	State	Zip Code	Transaction ID : AFACC4F182AAE41A1A7							
Greenwood	IN	46143-1078	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Southside Foot Clinic		upation (for Individual) liatric Physician	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
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Full Name of Individual (Last, First, Middle Ini C. Woodle, Alan, S., Dr.,	tial) or Full O	rganization Name	Date of Receipt							
Mailing Address Greenwood Foot & Ankle Cer	nter		M = M / D = D / Y = Y = Y							
8111 Greenwood Ave. N. City	State	Zip Code	04 29 2017							
Seattle	WA	98103	Transaction ID : A510E35B220CF41558C5 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical	Association F	Political Action Commi	ltee
Full Name of Individual (Last, First, Midd Young, Timothy, W., Dr., Mailing Address 450 N.W. Gilman Blvd. #		ganization Name	Date of Receipt 04 29 2017
City Issaquah	State WA	Zip Code 98027-2483	Transaction ID : A6EAE2660FA7E43AFB16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) V	Podi	pation (for Individual) atric Physician rear-to-Date ▼ 250.00	Memo Item
Full Name of Individual (Last, First, Midd Mailing Address		-	Date of Receipt
City FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	Zip Code pation (for Individual)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Midd C. <u>Mailing Address</u>	le Initial) or Full Or	ganization Name	Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼]
SUBTOTAL of Receipts This Page (optional	al)		250.00
TOTAL This Period (last page this line nur	nber only)		18108.33