

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)
Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12)
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 MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 04/01/2017

through

MM/DD/YYYY 04/30/2017

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

Type or Print Name of Treasurer

Signature of Treasurer Kaplan, Randy, K., Dr.,

[Electronically Filed]

Date MM/DD/YYYY 05/17/2017

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

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