

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 ▼** C C00008839 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 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 Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y 04 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y Y Y 04 / 30 / 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 Y Y 06 / 18 / 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="452990.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29768.00"/>	<input type="text" value="236223.00"/>
(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="482758.85"/>	<input type="text" value="546258.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="65000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="481258.85"/>	<input type="text" value="481258.85"/>
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

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 04 / 01 / 2015 To: 04 / 30 / 2015

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).....	18758.00	166225.00
(ii) Unitemized	11010.00	69998.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29768.00	236223.00
(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)	29768.00	236223.00
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))..... ▶	29768.00	236223.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29768.00	236223.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	1500.00	65000.00
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)) ..	1500.00	65000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	65000.00

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)	29768.00	236223.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29768.00	236223.00
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: PAGE 6 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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. 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : A4D02F1A9AF334F8CB50
 Amount of Each Receipt this Period
 150.00

B. Dr. Thomas R. Komp
 Full Name (Last, First, Middle Initial)
 Mailing Address 2295 W. Mason St.
 City Green Bay State WI Zip Code 54303-4706
 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 / D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : AB07EEBBEB6614407BF9
 Amount of Each Receipt this Period
 250.00

c. Dr. Alyssa Kay Stephenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 Spring Lake Dr.
 City Fond Du Lac State WI Zip Code 54935-9726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Clinics of WI
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : ABD83F56FAFFE471DBF5
 Amount of Each Receipt this Period
 250.00

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 7 OF 19
	<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. James Robert Vavra
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Associates of WI
2835 N. Grandview Blvd. #300

City Pewaukee State WI Zip Code 53072-5591

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

Name of Employer Foot and Ankle Associates of WI Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 08 / 2015
Transaction ID : A269493807F424EE9A2A

Amount of Each Receipt this Period
250.00

B. Dr. Jason Kendell Boudreau
Full Name (Last, First, Middle Initial)

Mailing Address 5415 N. Santa Monica Blvd.

City Whitefish Bay State WI Zip Code 53217-5126

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
04 / 09 / 2015
Transaction ID : AC7ABAE18DE1E499EBDC

Amount of Each Receipt this Period
500.00

C. Dr. Steven K. Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 1645 Owen Dr.

City Fayetteville State NC Zip Code 28304-3425

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
04 / 09 / 2015
Transaction ID : A2B85C83FCE144342810

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:	PAGE 8 OF 19
	(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. David B. Laha
Full Name (Last, First, Middle Initial)

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

City Overland Park State KS Zip Code 66213-2624

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

Name of Employer Kansas City Foot Specialists, PA Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : AEDD5F49C0085467896E

Amount of Each Receipt this Period
5000.00

B. Dr. W. Ryan Meredith IV
Full Name (Last, First, Middle Initial)

Mailing Address Gaston Foot & Ankle Associates
251 Wilmot Dr.

City Gastonia State NC Zip Code 28054-4048

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

Name of Employer Gaston Foot & Ankle Associates 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
04 / 09 / 2015

Transaction ID : A24AB785A48974EDF949

Amount of Each Receipt this Period
500.00

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

Mailing Address 109 Seagull Way

City Hubert State NC Zip Code 28539-4520

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
04 / 09 / 2015

Transaction ID : AA32172072DBB4C51A8B

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 19
	<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. Marc R. Bernbach
 Full Name (Last, First, Middle Initial)
 Mailing Address Waterbury Podiatry Consultants
 171 Grandview Ave. #104
 City Waterbury State CT Zip Code 06708-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waterbury Podiatry Consultants Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : ABC7E5FE68F1246B3A77
 Amount of Each Receipt this Period
300.00

B. Dr. Peter A. Blume
 Full Name (Last, First, Middle Initial)
 Mailing Address Blume Pod. Group/Aff. Foot Surgeon
 508 Blake St.
 City New Haven State CT Zip Code 06515-1287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blume Pod. Group/Aff. Foot Surgeons Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : ABADF95EE6794E32BE2
 Amount of Each Receipt this Period
300.00

C. Dr. James H. Blume
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Blake St.
 City New Haven State CT Zip Code 06515-1287
 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 / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : A291FC5E3549C4419BAE
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	900.00
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 10 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Betty M. Carreira
 Full Name (Last, First, Middle Initial)
 Mailing Address 21A Purcell Dr.
 City Danbury State CT Zip Code 06810-7024
 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 / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : AF25CCE24BEC447BC837
 Amount of Each Receipt this Period
 300.00

B. Dr. Leo M. Veleas
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 N. Main St.
 City Southington State CT Zip Code 06489-2525
 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 / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : A1E9C32ABCE874E33AAD
 Amount of Each Receipt this Period
 300.00

C. Dr. Vincent J. Hetherington
 Full Name (Last, First, Middle Initial)
 Mailing Address 21948 Shagbark Trl.
 City Strongsville State OH Zip Code 44149-2280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kent State University College of Pod. Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : A135A188A5914495C804
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 19
	<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. Anthony Poggio
Full Name (Last, First, Middle Initial)

Mailing Address 2059 Clinton Ave.

City Alameda State CA Zip Code 94501-4379

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
04 / 14 / 2015
Transaction ID : A3C2C660C00CA40599CC

Amount of Each Receipt this Period
250.00

B. Dr. Travis Jason Zimelman
Full Name (Last, First, Middle Initial)

Mailing Address 607 Linden Ln.

City Prattville State AL Zip Code 36066-7366

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
04 / 20 / 2015
Transaction ID : ACE2B2935672C4FDB93C

Amount of Each Receipt this Period
300.00

C. Dr. Gerald D. Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 6627 Apollo Rd.

City West Linn State OR Zip Code 97068-2807

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

Name of Employer Family Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 21 / 2015
Transaction ID : A4851EC930A064C7BBC6

Amount of Each Receipt this Period
500.00

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 12 OF 19
<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. 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 ▼ 700.00

Date of Receipt 04 / 23 / 2015
Transaction ID : **A003D9BB6BF5A4F33BA0**

Amount of Each Receipt this Period 100.00

B. Dr. Jondelle B. Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address J.B. Jenkins & Associates
1706 E. 87th St.

City Chicago State IL Zip Code 60617-2740

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

Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 23 / 2015
Transaction ID : **A251874AA67C84A308A8**

Amount of Each Receipt this Period 625.00

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

Mailing Address 519 S. Van Buren Rd. #D

City Eden State NC Zip Code 27288-5015

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 04 / 24 / 2015
Transaction ID : **A6C1681FD08914EEA89D**

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00

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 19
	<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. 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

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

Name of Employer Gurnee Podiatry & Sports Medicine Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 24 / 2015
Transaction ID : **A8FDBDC82F14E469982E**

Amount of Each Receipt this Period
500.00

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

Mailing Address 2218 Simpson Ave.

City Aberdeen State WA Zip Code 98520-3514

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
04 / 25 / 2015
Transaction ID : **A0CA9C7B9CBB24009929**

Amount of Each Receipt this Period
150.00

C. Dr. Lawrence Zane Huppin
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Center of WA
600 Broadway #220

City Seattle State WA Zip Code 98122

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

Name of Employer Foot & Ankle Center of WA Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 25 / 2015
Transaction ID : **A7745BFBC0B994779BAA**

Amount of Each Receipt this Period
500.00

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:	PAGE 14 OF 19
	(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. Deborah Ketterer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4361 Talbot Rd. S. #101
 City Renton State WA Zip Code 98055-6226
 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 / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : A854C007441944529B29
 Amount of Each Receipt this Period
 300.00

B. Dr. Tony D. H. Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 N. Chelan Ave.
 City Wenatchee State WA Zip Code 98801-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : A33FEDF7A39FF495E956
 Amount of Each Receipt this Period
 300.00

C. Dr. Eric E. Leonheart
 Full Name (Last, First, Middle Initial)
 Mailing Address Valley Podiatric Clinic
 24920 104th Ave. S.E.
 City Kent State WA Zip Code 98030-6443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Puyallup Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : A86A043E20C064E37AFF
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	▶	1600.00
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 15 OF 19
	(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

Full Name (Last, First, Middle Initial) A. Dr. Rockwell Moulton		Date of Receipt 04 / 25 / 2015 Transaction ID : A08BAF4405B544578809
Mailing Address 17226 30th Ave. N.E.		Amount of Each Receipt this Period 300.00
City Lake Forest Park	State WA	Zip Code 98155-5316
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Donald W. Orminski		Date of Receipt 04 / 25 / 2015 Transaction ID : AE4EB7DDE981B4D0FBB3
Mailing Address Central WA Podiatry Service 307 S. 12th Ave. #9		Amount of Each Receipt this Period 300.00
City Yakima	State WA	Zip Code 98902-3138
FEC ID number of contributing federal political committee. C		
Name of Employer Central WA Podiatry Service	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Heather L. Salton		Date of Receipt 04 / 25 / 2015 Transaction ID : A3BF615FB00D441BC88F
Mailing Address 121 S.W. 299th Pl.		Amount of Each Receipt this Period 500.00
City Federal Way	State WA	Zip Code 98023-3572
FEC ID number of contributing federal political committee. C		
Name of Employer Puyallup Foot & Ankle Ctr.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 16 OF 19
	<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. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : A69A1EDACECD240119BC
 Amount of Each Receipt this Period
 100.00

B. Dr. Paul Davis Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 E. Nine Mile Rd.
 City Pensacola State FL Zip Code 32514-7772
 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
 04 / 28 / 2015
Transaction ID : A9744C1D4E5824786B79
 Amount of Each Receipt this Period
 300.00

C. Dr. Robert A. Iannacone
 Full Name (Last, First, Middle Initial)
 Mailing Address 3081 N.E. Heather Ct.
 City Jensen Beach State FL Zip Code 34957-5071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iannacone Podiatry 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
 04 / 28 / 2015
Transaction ID : A04431F8D4E2F4CC9ABB
 Amount of Each Receipt this Period
 300.00

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 17 OF 19
	<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. Sheila Noroozi
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot & Ankle, LLC
 7550 S.W. 61st Ave. #1
 City Ocala State FL Zip Code 34476-8310
 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
 04 / 28 / 2015
Transaction ID : A42699DD0EB254E3C815
 Amount of Each Receipt this Period
 300.00

B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : A2B042D3832214765B6A
 Amount of Each Receipt this Period
 125.00

C. Dr. Daniel F. Byrd
 Full Name (Last, First, Middle Initial)
 Mailing Address Blue Mountain Foot Specialists
 714 S.W. Dorion Ave.
 City Pendleton State OR Zip Code 97801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Mountain Foot Specialists
 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
 04 / 30 / 2015
Transaction ID : A56F67C8D73D242F6910
 Amount of Each Receipt this Period
 300.00

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 18 OF 19
	<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. Rae Louise Lantsberger
 Full Name (Last, First, Middle Initial)
 Mailing Address Gresham Foot Clinic
 610 S.W. Alder St. #506
 City Portland State OR Zip Code 97205-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gresham Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AAB01D296FEBF421AAAE
 Amount of Each Receipt this Period
500.00

B. Dr. Hal Ornstein
 Full Name (Last, First, Middle Initial)
 Mailing Address Affiliated Foot & Ankle Centers
 4645 US Hwy. 9 N.
 City Howell State NJ Zip Code 07731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Foot & Ankle Centers Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1008.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AC2474ED6460740F7BED
 Amount of Each Receipt this Period
1008.00

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

SUBTOTAL of Receipts This Page (optional).....	1508.00
TOTAL This Period (last page this line number only).....	18758.00

**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. Bob Casey For Senate Inc

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Sen. Robert P. Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2015

Transaction ID : B1D5DB738FDD4E179E0

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

Candidate Name

Sen. Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2015

Transaction ID : B1B0E9438B9E441EEA0F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1500.00

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

1500.00
