



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>		444296.26
(b) Cash on Hand at Beginning of Reporting Period.....	551085.07	
(c) Total Receipts (from Line 19) .....	8838.33	303727.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	559923.40	748023.40
7. Total Disbursements (from Line 31).....	289000.00	477100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	270923.40	270923.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2018 To: MM / DD / YYYY 10 / 17 / 2018

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).....	5938.33	203952.14
(ii) Unitemized .....	2900.00	99775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8838.33	303727.14
(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) .....	8838.33	303727.14
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)).....▶	8838.33	303727.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8838.33	303727.14

**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.....	289000.00	476500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	600.00
(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	600.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	289000.00	477100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	289000.00	477100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8838.33	303727.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8838.33	303127.14
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 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Ajlouny, Martha, Jullie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Greensboro Podiatry Associates, P.  
 530 N. Elam Ave. #A  
 City Greensboro State NC Zip Code 27403-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Instride Greensboro Podiatry Associate Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : AA0F655CA2C5E42F58AD**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Anderson, John, Joseph, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Alamogordo Orthopaedics  
 2301 Indian Wells Rd. #A  
 City Alamogordo State NM Zip Code 88310-4611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alamogordo Orthopaedics Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : A11F88A4EDAF8493FB59**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Blumfield, David, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6699 Chimney Rock Rd. #102  
 City Houston State TX Zip Code 77081-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : A46CE5BA6D7E64954982**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1530.00
<b>TOTAL</b> 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 68
	<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. Cadena, Carlos, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Carlos A. Cadena, DPM, PC  
2800 Doral Ct. #A

City Las Cruces	State NM	Zip Code 88011-8616
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carlos A. Cadena, DPM, PC	Occupation (for Individual) 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
10		05		2018

**Transaction ID : A4CE5522AF87A4F5192F**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Chapel, Charles, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12084 Cortez Blvd.

City Brooksville	State FL	Zip Code 34613-7371
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

**Transaction ID : A5224F3AD381D4190864**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Dabdoub, William, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108A Smart Pl.

City Slidell	State LA	Zip Code 70458-2075
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : A84F36BEC84A5459891C**

Amount of Each Receipt this Period  
150.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
	<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. D'Amico, Joseph, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 W. 57th St. #1G  
 City New York State NY Zip Code 10019-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : AF054AFB2194547DFA44**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dumitrache, Nelida, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8300 Wyoming Blvd. N.E. #1223  
 City Albuquerque State NM Zip Code 87113-2168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : A2727C53BC22043CEA70**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Frimmel, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106  
 City Sarasota State FL Zip Code 34239-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 675.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : ACD24C640D42745DFBD4**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> 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 68
	<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. Grizzaffi, Jeffery, Ryan, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 W. St. Mary Blvd. #106  
 City Lafayette State LA Zip Code 70506-3560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : ADCD08EFA6AD042BA905**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. King, Michael, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Upperline Healthcare, Inc. 102 Woodmont Blvd. #450  
 City Nashville State TN Zip Code 37205-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Upperline Healthcare, Inc. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : A78F045AEBFA64C00AF9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Koshimune, Diane, Miye, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Kaiser Permanente - San Jose 270 International Cir. POD. DEPT.  
 City San Jose State CA Zip Code 95119-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 11 / 2018  
**Transaction ID : A1225180815A346BDB75**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 68
<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. Lepoer, Krysia, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address University Foot & Ankle Center Inc  
 235 Plain St. #201  
 City Providence State RI Zip Code 02905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Foot Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : AB81A5D6B92F64F839AB**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Lockwood, Melissa, Jomarie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 16 / 2018  
**Transaction ID : AFA9F474BF6EC41F6A51**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Nguyen, Justin, Thu Cao, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 N. Beach St.  
 City Fort Worth State TX Zip Code 76111-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : A44751C96C24F43BB918**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	633.33
<b>TOTAL</b> 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 68
<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. Pinsky, Todd, N., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Family Foot Center  
9980 Central Park Blvd. N. #208

City Boca Raton	State FL	Zip Code 33428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Family Foot Center	Occupation (for Individual) 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
10	/	03	/	2018

**Transaction ID : A2FA8D0A1301242B684A**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Thompson, Michael, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 68th Pl.

City Kenosha	State WI	Zip Code 53143-5137
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
10	/	05	/	2018

**Transaction ID : A6F917DDFB96444AA961**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Vander Wilt, Darlo, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Applewood Ln.

City Albuquerque	State NM	Zip Code 87107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Family Foot Health Specialists	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

**Transaction ID : ACF94C391F8CD4623910**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1875.00
<b>TOTAL</b> 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 68
	<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. Venegas, Luis, Ramon, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Marsella Blvd.  
 City Brownsville State TX Zip Code 78521-3579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : A8B042D37945B4EB7A14**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Woelffer, Kirk, Eiel, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Raleigh Foot Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : AA2835957736B4AE9ACF**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	5938.33

**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"/> 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) <b>A. AL LAWSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address 400 NORTH ADAMS ST.		FEC Identification Number C 000460261 <b>Transaction ID : BB4C056C81</b> Amount of Each Disbursement this Period 1000.00
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Lawson, Alfred, J., Rep., Jr.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 05	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. ALAN LOWENTHAL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018
Mailing Address 6380 WILSHIRE BLVD., #1612		FEC Identification Number C 000498212 <b>Transaction ID : B55F95C1D3I</b> Amount of Each Disbursement this Period 1000.00
City LOS ANGELES	State CA	Zip Code 90048
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Lowenthal, Alan, S., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 47	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. ANGUS KING FOR US SENATE CAMPAIGN</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address 114 MAINE STREET SUITE 1A PO BOX 368		FEC Identification Number C 000516047 <b>Transaction ID : B92A18681C</b> Amount of Each Disbursement this Period 1000.00
City BRUNSWICK	State ME	Zip Code 04011
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>King, Angus, S., Sen., Jr.</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	
<input type="checkbox"/> Memo Item		

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

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

3000.00

**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"/> 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. BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

Mailing Address PO BOX 906

FEC Identification Number

**C** C00545079

**Transaction ID : B714722984A**

Amount of Each Disbursement this Period

5000.00

Memo Item

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement  
LPAC 2018 Support (Rep. Bill Johnson)

Category/  
Type

Candidate Name  
BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Full Name (Last, First, Middle Initial)

**B. BERGMANFORCONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

Mailing Address N5070 CISCO LAKE ROAD

FEC Identification Number

**C** C00614214

**Transaction ID : B14764F69C1**

Amount of Each Disbursement this Period

1000.00

Memo Item

City WATERSMEET State MI Zip Code 49969

Purpose of Disbursement  
2018 General Election Support

Category/  
Type

Candidate Name  
**Bergman, John, W., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  
State: MI District: 01

Full Name (Last, First, Middle Initial)

**C. Bilirakis For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

Mailing Address PO Box 606

FEC Identification Number

**C** H6FLO9070

**Transaction ID : BF0DB7116E**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
2018 General Election

Category/  
Type

Candidate Name  
**Bilirakis, Gus, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: FL District: 12

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

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

7000.00

**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"/> 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. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City: **BATON ROUGE** State: **LA** Zip Code: **70898**

Purpose of Disbursement  
2020 General Election Support

Candidate Name  
**Cassidy, Bill, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: **LA** District: **06**

Date of Disbursement

/  /

FEC Identification Number

**C** **C00543983**

**Transaction ID : B645485354C**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Foster For Congress Committee**

Mailing Address PO Box 703

City: **Geneva** State: **IL** Zip Code: **60134**

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Foster, Bill, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: **IL** District: **11**

Date of Disbursement

/  /

FEC Identification Number

**C** **H8IL14067**

**Transaction ID : B691B785BCI**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bill Nelson For U S Senate**

Mailing Address 972 W Whitmire Drive

City: **Melbourne** State: **FL** Zip Code: **32935**

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Nelson, Bill, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: **FL** District:

Date of Disbursement

/  /

FEC Identification Number

**C** **S8FL00166**

**Transaction ID : B07A65B503**  
Amount of Each Disbursement this Period

Memo Item

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

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

**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"/> 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. BILLY LONG FOR CONGRESS**

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Long, Billy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

C C00460063  
**Transaction ID : B0D6B16218**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Blum, Rodney, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

C C00543926  
**Transaction ID : BE31D0FF99**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Blumenauer, Earl, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C H6OR03064  
**Transaction ID : BFEC167EC1**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

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

4000.00

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



**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"/> 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. Boozman For Arkansas**

Mailing Address PO Box 671

City  
Rogers

State  
AR

Zip Code  
72757

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Boozman, John, N., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** S0AR00150

**Transaction ID : B6E77F3B6B**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Butterfield For Congress**

Mailing Address PO Box 2571

City  
Wilson

State  
NC

Zip Code  
27894

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Butterfield, G.K., , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H4NC01046

**Transaction ID : B27E5613E6L**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Carol Shea-Porter For Congress**

Mailing Address PO Box 453

City  
Rochester

State  
NH

Zip Code  
03866

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Shea-Porter, Carol, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2018			

FEC Identification Number

**C** H6NH01230

**Transaction ID : B1C3DB96A**

Amount of Each Disbursement this Period

500.00

Memo Item

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

2500.00

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

**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"/> 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. Cathy McMorris Rodgers For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address Box 137

FEC Identification Number

C	H4WA05077
---	-----------

**Transaction ID : B4CC7DD321**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
2018 General Election Support

Category/Type
---------------

Candidate Name  
**McMorris Rodgers, Cathy, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

**B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address P.O. BOX 11091

FEC Identification Number

C	C00461822
---	-----------

**Transaction ID : B99C8C6530f**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
2018 General Election Support

Category/Type
---------------

Candidate Name  
**Fleischmann, Chuck, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR JOHN RUTHERFORD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2018

Mailing Address 3030 HARTLEY RD  
STE 120

FEC Identification Number

C	C00615294
---	-----------

**Transaction ID : B0AD3336B1**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City JACKSONVILLE State FL Zip Code 32257

Purpose of Disbursement  
2018 General Election Support

Category/Type
---------------

Candidate Name  
**Rutherford, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: FL District: 04

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

3000.00
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**TOTAL** This Period (last page this line number only).....▶

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**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"/> 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. Citizens For Rush**

Mailing Address P. O. Box 7292

City  
Chicago

State  
IL

Zip Code  
60680

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Rush, Bobby, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H2IL01042

**Transaction ID : BB447E2AD8**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens For Waters**

Mailing Address 555 So.Flower St.,Suite 4210

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Waters, Maxine, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** H4CA23011

**Transaction ID : B36CC5B8BC**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens To Elect Rick Larsen**

Mailing Address PO Box 326

City  
Everett

State  
WA

Zip Code  
98206

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Larsen, Rick, R., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** HOWA02080

**Transaction ID : BC35F08D1F**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

**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"/> 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. COFFMAN FOR CONGRESS 2018**

Mailing Address 4950 S YOSEMITE STREET F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Coffman, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: CO District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** C00629287

**Transaction ID : B0B6A9AEF7**  
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cole For Congress**

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Cole, Tom, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: OK District: 04

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** H2OK04055

**Transaction ID : B4BB2FBEF5**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee To Reelect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Smith, Chris, H., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NJ District: 04

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

**C** H8NJ04014

**Transaction ID : B79167E38E**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**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"/> 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. Committee To Re-Elect Henry Hank Johnson**

Mailing Address 6440 Old Hillandale Drive  
Suite 262

City Lithonia State GA Zip Code 30058

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Johnson, Hank, C., Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: GA District: 04

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

C H6GA04129

Transaction ID : B435CDE694

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Trent Franks To Congress**

Mailing Address PO Box 8105

City Glendale State AZ Zip Code 85312

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Franks, Trent, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: AZ District: 08

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C H4AZ04024

Transaction ID : B0559D90107

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMSTOCK FOR CONGRESS**

Mailing Address PO BOX 831

City MC LEAN State VA Zip Code 22101

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Comstock, Barbara, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C C00554261

Transaction ID : B51BAA870c

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

**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"/> 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. CONNOLLY FOR CONGRESS**

Mailing Address 3706 PRADO PLACE

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Connolly, Gerry, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: VA District: 11

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C C00445452  
**Transaction ID : B18B2B2F78**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Courtney For Congress**

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Courtney, Joe, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00369199  
**Transaction ID : B89A77B6C0**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CRAWFORD FOR CONGRESS**

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Crawford, Rick, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: AR District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00462374  
**Transaction ID : B9390D4A47**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

6000.00

**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"/> 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**

**A. DARREN SOTO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 338 N MAGNOLIA AVENUE  
SUITE D

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement  
2018 General Election

Candidate Name  
**Soto, Darren, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement: 10 / 03 / 2018

FEC Identification Number: C C00581074  
Transaction ID : B4873A7D3C  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. David Scott For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Scott, David, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: GA District: 13

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C H2GA13012  
Transaction ID : B198F6E6AF  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. Davis for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 5630 W. Division St.

City Chicago State IL Zip Code 60651

Purpose of Disbursement  
2018 General Election Support

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C  
Transaction ID : B0142E9E8C  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

3500.00

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

**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"/> 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. DEBBIE DINGELL FOR CONGRESS**

Mailing Address PO BOX 746

City  
DEARBORN

State  
MI

Zip Code  
48121

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Dingell, Debbie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00558213

**Transaction ID : B9355C34AC**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Wasserman Schultz, Debbie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H4FL20023

**Transaction ID : BEF6F9CBAC**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Denny Heck For Congress**

Mailing Address PO Box 235

City  
Olympia

State  
WA

Zip Code  
98507

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Heck, Denny, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** HOWA03161

**Transaction ID : BA9D8C9F5E**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

5000.00



**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"/> 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**

**A. DIANE BLACK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1437

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

City  
GALLATIN

State  
TN

Zip Code  
37066-1437

FEC Identification Number

Purpose of Disbursement  
2018 General Election Support

C	C00472878
---	-----------

Candidate Name

**Black, Diane, L., Rep.,**

Category/  
Type

**Transaction ID : BB90668ADF**  
Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00
---------

State: TN District: 06

Memo Item

**B. Dina Titus For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 50614

M M M	/	D D D	/	Y Y Y Y Y
10		16		2018

City  
Henderson

State  
NV

Zip Code  
89016

FEC Identification Number

Purpose of Disbursement  
2018 General Election Support

C	H8NV03036
---	-----------

Candidate Name

**Titus, Dina, , Rep.,**

Category/  
Type

**Transaction ID : B94988DCAF**  
Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

2000.00
---------

State: NV District: 01

Memo Item

**C. DONALD M PAYNE JR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2406

M M M	/	D D D	/	Y Y Y Y Y
10		16		2018

City  
NEWARK

State  
NJ

Zip Code  
07114

FEC Identification Number

Purpose of Disbursement  
2018 General Election Support

C	C00519355
---	-----------

Candidate Name

**Payne, Donald, M., Rep., Jr.**

Category/  
Type

**Transaction ID : BD104A94A2**  
Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00
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State: NJ District: 10

Memo Item

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

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

4000.00
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**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"/> 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) <b>A. Doyle For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 205 Hawthorne Court		FEC Identification Number C H4PA18131 Transaction ID : B19B0D8FC3 Amount of Each Disbursement this Period 2000.00
City Pittsburgh	State PA	Zip Code 15221
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Doyle, Mike, F., Rep., Jr.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 14	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. DR. RAUL RUIZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018
Mailing Address PO BOX 3433		FEC Identification Number C C00502575 Transaction ID : BDF5E9B067 Amount of Each Disbursement this Period 2000.00
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Ruiz, Raul, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 36	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Dutch Ruppensberger For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address 22 West Padonia Road Suite C-141		FEC Identification Number C H2MD02160 Transaction ID : BA76656681 Amount of Each Disbursement this Period 2000.00
City Timonium	State MD	Zip Code 21093
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Ruppensberger, Dutch, , Rep., III</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 02	
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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"/> 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**

**A. Ed Royce For Congress**

Full Name (Last, First, Middle Initial)  
Ed Royce For Congress

Date of Disbursement: 10 / 03 / 2018

Mailing Address P.O. Box 2525

City: Orange, State: CA, Zip Code: 92859

Purpose of Disbursement: 2018 General Election Support

FEC Identification Number: C H6CA39020  
Transaction ID : B9DB6ACC0  
Amount of Each Disbursement this Period: 1000.00

Candidate Name: Royce, Ed, R., Rep., Category/Type

Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: CA, District: 39

Memo Item

**B. Engel For Congress**

Full Name (Last, First, Middle Initial)  
Engel For Congress

Date of Disbursement: 10 / 17 / 2018

Mailing Address 462 California Road

City: Bronxville, State: NY, Zip Code: 10708

Purpose of Disbursement: 2018 General Election Support

FEC Identification Number: C H8NY19058  
Transaction ID : B6E98621582  
Amount of Each Disbursement this Period: 1000.00

Candidate Name: Engel, Eliot, L., Rep., Category/Type

Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: NY, District: 16

Memo Item

**C. Enzi For Us Senate**

Full Name (Last, First, Middle Initial)  
Enzi For Us Senate

Date of Disbursement: 10 / 03 / 2018

Mailing Address PO Box 2775

City: Cody, State: WY, Zip Code: 82414

Purpose of Disbursement: 2020 Primary Election

FEC Identification Number: C S6WY00126  
Transaction ID : BEE39CB3B  
Amount of Each Disbursement this Period: 2000.00

Candidate Name: Enzi, Mike, B., Sen., Category/Type

Office Sought:  House,  Senate,  President  
Disbursement For: 2020,  Primary,  General,  Other (specify) ▼

State: WY, District:

Memo Item

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

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

4000.00

**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"/> 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. FREDERICA S. WILSON FOR CONGRESS**

Mailing Address 19821 NW 2ND AVENUE  
BOX 354

City MIAMI GARDENS State FL Zip Code 33169

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Wilson, Frederica, S., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 24

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00460055

**Transaction ID : BF6D0EEEC7**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Bustos, Cheri, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00498568

**Transaction ID : BA393225980**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2018 General Election

Candidate Name  
**Murphy, Chris, S., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** S2CT00132

**Transaction ID : B3CDABE1D**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

**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"/> 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. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City  
Flint

State  
MI

Zip Code  
48501

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Kildee, Dan, T., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H2MI05119

**Transaction ID : BB50676AF5**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Dick Durbin Committee**

Mailing Address PO Box 1949

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Durbin, Dick, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** S6IL00151

**Transaction ID : B678A7FDCB**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City  
CHESHIRE

State  
CT

Zip Code  
06410

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Esty, Elizabeth, H., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00494203

**Transaction ID : B6B16F7B2C**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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"/> 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. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369  
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Paulsen, Erik, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00439661

**Transaction ID : B0056F261C1**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Inhofe Committee**

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Inhofe, James, M., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: OK District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** S4OK00083

**Transaction ID : BDBE4D03CC**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN DELANEY**

Mailing Address PO BOX 70835

City BETHESDA State MD Zip Code 20813

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Delaney, John, K., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00508416

**Transaction ID : B57F1B91D6**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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"/> 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. Friends Of John Sarbanes**

Mailing Address PO Box 6854

City  
Towson

State  
MD

Zip Code  
21285

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Sarbanes, John, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H6MD03292

**Transaction ID : BD7E4257D0**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of John Thune**

Mailing Address 200 North Phillips Avenue Ste L101

City  
Sioux Falls

State  
SD

Zip Code  
57104

Purpose of Disbursement  
2022 Primary Election Support

Candidate Name

**Thune, John, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** S2SD00068

**Transaction ID : B35D8EE84F'**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Maria**

Mailing Address PO Box 12740

City  
Seattle

State  
WA

Zip Code  
98111

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Cantwell, Maria, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** S8WA00194

**Transaction ID : BFFD3A5B1;**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

**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"/> 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. FRIENDS OF NEAL DUNN**

Mailing Address 2640A MITCHAM DRIVE

City  
TALLAHASSEE

State  
FL

Zip Code  
32308

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Dunn, Neal, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00582304

**Transaction ID : B84EA0E4C8**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**DeLauro, Rosa, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	1	8

FEC Identification Number

**C** H0CT03072

**Transaction ID : B78244A8B62**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address PO. BOX 90133

City  
NASHVILLE

State  
TN

Zip Code  
37209

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**DesJarlais, Scott, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

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

FEC Identification Number

**C** C00464073

**Transaction ID : B280F3C482**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

7000.00

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



**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"/> 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. Friends Of Sherrod Brown**

Mailing Address PO Box 76187

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Brown, Sherrod, C., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** S6OH00163

**Transaction ID : B9735F9C51!**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET  
# 237

City  
INDIANAPOLIS

State  
IN

Zip Code  
46260-1308

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Brooks, Susan, W., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00500207

**Transaction ID : B182471F20D**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TAMMY DUCKWORTH**

Mailing Address 1841 W Henderson  
Apt. 2

City  
Chicago

State  
IL

Zip Code  
60657

Purpose of Disbursement  
2022 Primary Election Support

Candidate Name

**Duckworth, Tammy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00418525

**Transaction ID : B6FC3B7744**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6000.00

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

**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"/> 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**

**A. Garamendi For Congress**

Full Name (Last, First, Middle Initial)  
Garamendi, John, R., Rep.,

Mailing Address C/O California Political Law, Inc.  
3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
Garamendi, John, R., Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 03

Date of Disbursement: 10 / 03 / 2018

FEC Identification Number: C H0CA10149  
Transaction ID : B401CDA31D  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Gillibrand For Senate**

Full Name (Last, First, Middle Initial)  
Gillibrand, Kirsten, E., Sen.,

Mailing Address 236 Massachusetts Ave Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
Gillibrand, Kirsten, E., Sen.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District:

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C S0NY00410  
Transaction ID : BEE330925Df  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Grassley Committee Inc**

Full Name (Last, First, Middle Initial)  
Grassley, Chuck, , Sen.,

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
2022 Primary Election Support

Candidate Name  
Grassley, Chuck, , Sen.,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IA District:

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C S0IA00028  
Transaction ID : B2BF0E23D2  
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

5000.00

**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"/> 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. GREGG HARPER FOR CONGRESS**

Mailing Address POST OFFICE BOX 54344

City  
PEARL

State  
MS

Zip Code  
39288

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Harper, Gregg, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

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

FEC Identification Number

**C** C00441295

**Transaction ID : B196A91A72I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City  
BOWLING GREEN

State  
KY

Zip Code  
42102-9639

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Guthrie, Brett, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: KY District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00445023

**Transaction ID : BDFD6BD9A4**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gutierrez For Congress**

Mailing Address 5310 W. Cullom Ave

City  
Chicago

State  
IL

Zip Code  
60641

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Gutierrez, Luis, V., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

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

FEC Identification Number

**C** H2IL08039

**Transaction ID : B7A78DAB9I**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

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

**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"/> 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**

**A. Hal Rogers For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Rogers, Hal, D., Rep.,**

Office Sought:  House  Senate  President  
State: KY District: 05

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C HOKY05015  
Transaction ID : B2FC4C5302  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Hastings For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Hastings, Alcee, L., Rep.,**

Office Sought:  House  Senate  President  
State: FL District: 20

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C H2FL23021  
Transaction ID : BD411F6E52  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. Hawkeye PAC, The**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
2018 LPAC Support (Grassley)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  Other (specify) ▼ Other

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C  
Transaction ID : B7B8959510  
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

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

8500.00

**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"/> 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. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City  
LAS VEGAS

State  
NV

Zip Code  
89137

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Heller, Dean, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2018			

FEC Identification Number

**C** C00494229

**Transaction ID : BC7FE2B75C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Higgins For Congress**

Mailing Address PO Box 28

City  
Buffalo

State  
NY

Zip Code  
14220

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Higgins, Brian, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NY District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** H4NY27076

**Transaction ID : B19DF3A0C1**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HIMES FOR CONGRESS**

Mailing Address 857 POST ROAD, #312

City  
FAIRFIELD

State  
CT

Zip Code  
06824

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Himes, Jim, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00434191

**Transaction ID : BAE0F62B8E**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

**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"/> 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. HOOPS PAC**

Mailing Address PO BOX 3314

City  
PORTLAND

State  
OR

Zip Code  
97208

Purpose of Disbursement  
2018 LPAC Support (Sen. Ron Wyden)

Candidate Name  
**HOOPS PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** C00392738

**Transaction ID : B5E56887778**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOOSIERS FOR ROKITA, INC.**

Mailing Address 314 ARSENAL AVE.

City  
INDIANAPOLIS

State  
IN

Zip Code  
46201

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Rokita, Todd, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00476192

**Transaction ID : BFEE60097C/**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JAIME FOR CONGRESS**

Mailing Address PO BOX 1614

City  
RIDGEFIELD

State  
WA

Zip Code  
98642-0020

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Herrera Beutler, Jaime, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: WA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** C00472704

**Transaction ID : BC557A79F8**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

**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"/> 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. JEANNE SHAHEEN FOR SENATE**

Mailing Address PO BOX 1510

City  
Manchester

State  
NH

Zip Code  
03105-1510

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Shaheen, Jeanne, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	8

FEC Identification Number

**C** C00439075

**Transaction ID : BC0944B6C5**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeff Merkley for Oregon**

Mailing Address PO Box 29136

City  
Portland

State  
OR

Zip Code  
97296

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Merkley, Jeff, A., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: OR District:

Date of Disbursement

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

FEC Identification Number

**C** C00437277

**Transaction ID : B78329CDB5I**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JIM BANKS FOR CONGRESS, INC.**

Mailing Address P.O. BOX 11431

City  
FORT WAYNE

State  
IN

Zip Code  
46858

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Banks, Jim, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

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

FEC Identification Number

**C** C00577999

**Transaction ID : BB2CCC70C**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6000.00

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

**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"/> 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) <b>A. Joe Donnelly For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address PO Box 1961		FEC Identification Number C S2IN00091 Transaction ID : B9E50FD042
City South Bend	State IN	Zip Code 46634
Purpose of Disbursement 2018 General Election Support		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Donnelly, Joe, , Sen.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District:	

Full Name (Last, First, Middle Initial) <b>B. JOE KENNEDY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address PO BOX 590464		FEC Identification Number C C00512970 Transaction ID : B58D5CCB1E
City NEWTON	State MA	Zip Code 02459
Purpose of Disbursement 2018 General Election Support		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Kennedy, Joe, P., Rep., III</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 04	

Full Name (Last, First, Middle Initial) <b>C. Joe Wilson For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address PO Box 2145		FEC Identification Number C H2SC02059 Transaction ID : B617D76222
City West Columbia	State SC	Zip Code 29171
Purpose of Disbursement 2018 General Election Support		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Wilson, Joe, , Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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"/> 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. John Lewis For Congress**

Mailing Address P.O. Box 2323

City  
Atlanta

State  
GA

Zip Code  
30301

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Lewis, John, R., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H6GA05217

**Transaction ID : B44E0E7283f**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JONI FOR IOWA**

Mailing Address PO BOX 93441

City  
DES MOINES

State  
IA

Zip Code  
50393

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Ernst, Joni, K., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00546788

**Transaction ID : BF60ED7231f**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City  
THOUSAND OAKS

State  
CA

Zip Code  
91358

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Brownley, Julia, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** C00513077

**Transaction ID : B65F3E3738f**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

**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"/> 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. Ken Calvert For Congress Committee**

Mailing Address PO Box 20123

City  
Riverside

State  
CA

Zip Code  
92516

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Calvert, Ken, S., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 42

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** H2CA37023

**Transaction ID : BBA8D45F69**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City  
La Crosse

State  
WI

Zip Code  
54601

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Kind, Ron, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** H6WI03099

**Transaction ID : B68860BA51f**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. King For Congress**

Mailing Address 116 N Main St.  
PO Box 400

City  
Early

State  
IA

Zip Code  
50535

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**King, Steve, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H2IA05072

**Transaction ID : BF1EFC3D8f**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

**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"/> 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. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 2365

City  
OTTAWA

State  
IL

Zip Code  
61350-6965

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Kinzinger, Adam, D., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00458877

**Transaction ID : B77D5B7A20**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City  
Oregon City

State  
OR

Zip Code  
97045

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Schrader, Kurt, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** H8OR05107

**Transaction ID : BF93E862D51**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KUSTER FOR CONGRESS, INC.**

Mailing Address P.O. BOX 1498

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Kuster, Ann, McLane, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2018			

FEC Identification Number

**C** C00462861

**Transaction ID : B3743DEE48**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

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

**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"/> 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. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City  
COLONIA

State  
NJ

Zip Code  
07067

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Lance, Leonard, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

**C** C00444224

**Transaction ID : B3F4FB80B5**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Larson For Congress**

Mailing Address 330 Main Street

City  
Hartford

State  
CT

Zip Code  
06106

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Larson, John, B., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** H8CT01046

**Transaction ID : B52EED2A7F**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lofgren For Congress**

Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

City  
San Jose

State  
CA

Zip Code  
95112

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Lofgren, Zoe, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** H4CA16049

**Transaction ID : B2DF54FC77**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

**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"/> 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. LOIS FRANKEL FOR CONGRESS**

Mailing Address PO BOX 812421

City  
BOCA RATON

State  
FL

Zip Code  
33481

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Frankel, Lois, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00494856

**Transaction ID : B79CEDBAC**  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOU CORREA FOR CONGRESS**

Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City  
SAN MARCOS

State  
CA

Zip Code  
92079

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Correa, Lou, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** C00578302

**Transaction ID : B70056A6E71**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MANCHIN FOR WEST VIRGINIA**

Mailing Address PO BOX 5202

City  
CHARLESTON

State  
WV

Zip Code  
25361

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Manchin, Joe, , Sen., III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** C00486563

**Transaction ID : B114B074F7**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

**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"/> 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**

**A. MARK TAKANO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 5214

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

City  
RIVERSIDE

State  
CA

Zip Code  
92517

FEC Identification Number

Purpose of Disbursement  
2018 General Election Support

C	C00498667
---	-----------

Candidate Name

**Takano, Mark, A., Rep.,**

Category/  
Type

**Transaction ID : BF0A3B8ACz**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00
---------

State: CA District: 41

Memo Item

**B. MARSHA FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4916 THOROUGHbred LN

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

City  
BRENTWOOD

State  
TN

Zip Code  
37027

FEC Identification Number

Purpose of Disbursement  
2018 General Election Support

C	C00376939
---	-----------

Candidate Name

**Blackburn, Marsha, , Sen.,**

Category/  
Type

**Transaction ID : B8CA654DE1**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

1000.00
---------

State: TN District:

Memo Item

**C. Matsui For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1738

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

City  
Sacramento

State  
CA

Zip Code  
95812

FEC Identification Number

Purpose of Disbursement  
2018 General Election Support

C	H6CA05195
---	-----------

Candidate Name

**Matsui, Doris, O., Rep.,**

Category/  
Type

**Transaction ID : B744D51B79**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

2000.00
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State: CA District: 06

Memo Item

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

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

4000.00
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**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"/> 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. MCCASKILL FOR MISSOURI**

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**McCaskill, Claire, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00414961

**Transaction ID : B51E144C20!**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mccollum For Congress**

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**McCollum, Betty, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: MN District: 04

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** HOMN04049

**Transaction ID : B4FCD3D1F2**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCONNELL VICTORY COMMITTEE**

Mailing Address PO BOX 75103

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
2018 LPAC Support

Candidate Name  
**MCCONNELL VICTORY COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Other (specify) ▼ Other

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00365759

**Transaction ID : B9ADD29B7;**  
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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"/> 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. Mcnerney For Congress**

Mailing Address 6250 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**McNerney, Jerry, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: CA District: 09

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** H4CA11081

**Transaction ID : B9B817916F!**  
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Menendez For Senate**

Mailing Address One Gateway Center Suite 520

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Menendez, Bob, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: NJ District:

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

**C** S6NJ00289

**Transaction ID : BB7120C86D:**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Burgess, Michael, C., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** H2TX26093

**Transaction ID : B3BB9B166C**  
Amount of Each Disbursement this Period

4000.00

Memo Item

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

7000.00

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



**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"/> 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. MIKE BOST FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2018

Mailing Address PO BOX 1212

FEC Identification Number

C	C00546499
---	-----------

City MURPHYSBORO State IL Zip Code 62966

**Transaction ID : B10F8934CFI**

Purpose of Disbursement  
2018 General Election Support

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Bost, Mike, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. MIKE KELLY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address PO BOX 476

FEC Identification Number

C	C00474189
---	-----------

City LYNDORA State PA Zip Code 16045

**Transaction ID : BEE548F8025**

Purpose of Disbursement  
2018 General Election Support

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Kelly, Mike, , Rep., Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Memo Item

State: PA District: 03

Full Name (Last, First, Middle Initial)

**C. Mike Rogers For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

Mailing Address 123 East 13th Street

FEC Identification Number

C	H2AL03032
---	-----------

City Anniston State AL Zip Code 36201

**Transaction ID : B762E583EA**

Purpose of Disbursement  
2018 General Election Support

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rogers, Mike, D., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

State: AL District: 03

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 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**

**A. Mike Thompson For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Thompson, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 05

Date of Disbursement: 10 / 03 / 2018

FEC Identification Number: C H8CA01109  
Transaction ID : B380BFBFA1  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Moore For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Moore, Gwen, S., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WI District: 04

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C H4WI04183  
Transaction ID : BE21396297A  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Moran For Kansas**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
2022 Primary Election Support

Candidate Name  
**Moran, Jerry, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C C00458315  
Transaction ID : BE3470DCC1  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4000.00

**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"/> 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. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City  
CHRISTIANSBURG

State  
VA

Zip Code  
24068

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Griffith, Morgan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** C00477240

**Transaction ID : BE60AFE16**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MULLIN FOR CONGRESS**

Mailing Address PO BOX 2156

City  
CLAREMORE

State  
OK

Zip Code  
74018

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Mullin, Markwayne, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** C00498345

**Transaction ID : B203D70507E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Napolitano For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Napolitano, Grace, F., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** H8CA34068

**Transaction ID : B05C67FD67**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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



**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"/> 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. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Meehan, Patrick, L., Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** C00466870  
**Transaction ID : BD02B143A8**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For U S Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Roberts, Pat, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify)  
State: KS District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** S6KS00080  
**Transaction ID : B380485E3BI**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pat Toomey For Senate Committee**

Mailing Address 2720 Jordan Road  
2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement  
2022 Primary Election Support

Candidate Name  
**Toomey, Pat, J., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: PA District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** S4PA00121  
**Transaction ID : B4CB45308F**  
Amount of Each Disbursement this Period  
4000.00

Memo Item

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

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

7000.00

**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"/> 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. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Tonko, Paul, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** C00450049

**Transaction ID : B543E895286**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Lujan, Ben, Ray, Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

**C** C00443689

**Transaction ID : BCEB867DAF**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Kilmer, Derek, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

**C** C00514893

**Transaction ID : B71A037B5C**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

**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"/> 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) <b>A. Pete King For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address Post Office Box 1428		FEC Identification Number C H2NY03089 <b>Transaction ID : BC07D3E256</b>	
City Seaford	State NY	Zip Code 11783	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2018 General Election Support		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name <b>King, Pete, T., Rep.,</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 02		

Full Name (Last, First, Middle Initial) <b>B. Peters For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018	
Mailing Address PO Box 226		FEC Identification Number C S4MI00355 <b>Transaction ID : BACC38F97D</b>	
City Bloomfield Hills	State MI	Zip Code 48303	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2020 Primary Election Support		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name <b>Peters, Gary, C., Sen.,</b>		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District:		

Full Name (Last, First, Middle Initial) <b>C. Peterson For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018	
Mailing Address 26192 Floyd Lake Point Road		FEC Identification Number C H2MN07014 <b>Transaction ID : B2563F1518I</b>	
City Detroit Lakes	State MN	Zip Code 56501	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2018 General Election Support		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name <b>Peterson, Collin, C., Rep.,</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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"/> 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) <b>A. POLIQUIN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address PO BOX 50		FEC Identification Number C 000518654 <b>Transaction ID : B8EA9F3949:</b> Amount of Each Disbursement this Period 1000.00
City OAKLAND	State ME	Zip Code 04963
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Poliquin, Bruce, L., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. QUIGLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address PO BOX 13040		FEC Identification Number C 000457556 <b>Transaction ID : BFF058B435C:</b> Amount of Each Disbursement this Period 2000.00
City CHICAGO	State IL	Zip Code 60613
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Quigley, Mike, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. RALPH ABRAHAM FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018
Mailing Address P.O. BOX 270		FEC Identification Number C 000563940 <b>Transaction ID : B43C4C9DA:</b> Amount of Each Disbursement this Period 2000.00
City ARCHIBALD	State LA	Zip Code 71218
Purpose of Disbursement 2018 General Election Support		Category/ Type
Candidate Name <b>Abraham, Ralph, L., Rep., Jr.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 05	<input type="checkbox"/> Memo Item

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

5000.00

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



**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"/> 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**

**A. Richard Burr Committee; The**

Full Name (Last, First, Middle Initial)  
Richard Burr Committee; The

Date of Disbursement: 10 / 07 / 2018

Mailing Address: Post Office Box 5928

City: Winston-Salem, State: NC, Zip Code: 27113

Purpose of Disbursement: 2022 Primary Election Support

Candidate Name: Burr, Richard, M., Sen., Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: NC, District: \_\_\_\_\_

FEC Identification Number: C S4NC00089  
Transaction ID: BD5C31328F  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Richard E Neal For Congress Committee**

Full Name (Last, First, Middle Initial)  
Richard E Neal For Congress Committee

Date of Disbursement: 10 / 07 / 2018

Mailing Address: 76 Magnolia Terrace

City: Springfield, State: MA, Zip Code: 01108

Purpose of Disbursement: 2018 General Election Support

Candidate Name: Neal, Richard, E., Rep., Office Sought:  House,  Senate,  President

Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: MA, District: 01

FEC Identification Number: C H8MA02041  
Transaction ID: BC6041B9E9I  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. RICK ALLEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
RICK ALLEN FOR CONGRESS

Date of Disbursement: 10 / 07 / 2018

Mailing Address: 3201 1ST AVE A339

City: COLUMBUS, State: GA, Zip Code: 31904

Purpose of Disbursement: 2018 General Election Support

Candidate Name: Allen, Rick, , , Office Sought:  House,  Senate,  President

Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: GA, District: 02

FEC Identification Number: C C00481101  
Transaction ID: BAA835FAC  
Amount of Each Disbursement this Period: 1500.00

Memo Item

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

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

3500.00

**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"/> 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**

**A. Rob Bishop For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2010

City Brigham City State UT Zip Code 84302

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Bishop, Rob, W., Rep.,**

Office Sought:  House  Senate  President  
State: UT District: 01

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C H2UT01094  
Transaction ID : B5165448412  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Rob Wittman For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Wittman, Rob, J., Rep.,**

Office Sought:  House  Senate  President  
State: VA District: 01

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C H8VA01147  
Transaction ID : B4049B799EI  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. ROBIN KELLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement  
Earmarked from Dr. Jondelle Jenkins

Candidate Name  
**Kelly, Robin, L., Rep.,**

Office Sought:  House  Senate  President  
State: IL District: 02

Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
GENERAL

Date of Disbursement: 10 / 03 / 2018

FEC Identification Number: C C00539866  
Transaction ID : BE4B3AE26E  
Amount of Each Disbursement this Period: 1000.00

Memo Item Earmarked from Dr. Jondelle Jenkins. Conduit's contribution limit not affected

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

**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"/> 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**

**A. RODNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568-0344

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Davis, Rodney, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: IL District: 13

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C00521948  
Transaction ID : BE2B9D0337  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. ROUNDS FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 250  
223 E CAPITOL AVENUE

City PIERRE State SD Zip Code 57501

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Rounds, Mike, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼

State: SD District:

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C00532465  
Transaction ID : B872EA101F4  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 89

City Phoenixville State PA Zip Code 19460-0089

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Costello, Ryan, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: PA District: 06

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C00465633  
Transaction ID : B0255A6F1A  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

**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"/> 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. Sanford Bishop For Congress**

Mailing Address P. O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Bishop, Sanford, D., Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: GA District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** H2GA02031

**Transaction ID : BB068B3A93**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183-3219

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Scalise, Steve, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00394957

**Transaction ID : B9521B13C01**  
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Schiff, Adam, B., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 28

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** H0CA27085

**Transaction ID : B69D46148C**  
Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

10000.00

**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"/> 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. Sensenbrenner Committee**

Mailing Address P. O. Box 575

City  
Brookfield

State  
WI

Zip Code  
53008

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Sensenbrenner, Jim, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** H8WI09050

**Transaction ID : B75CBDC9BI**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen F. Lynch For Congress Committee**

Mailing Address 105 Farragut Road

City  
South Boston

State  
MA

Zip Code  
02127

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Lynch, Stephen, F., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H2MA09072

**Transaction ID : BD5C7A00F3**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Swalwell For Congress**

Mailing Address P.O. Box 2847

City  
Dublin

State  
CA

Zip Code  
94568

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Swalwell, Eric, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** H2CA15094

**Transaction ID : BC980FC950**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

**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"/> 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. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City  
Madison

State  
WI

Zip Code  
53701

Purpose of Disbursement  
2018 General Election

Candidate Name

**Baldwin, Tammy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

**C** S2WI00219

**Transaction ID : B562359E63E**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Texans For Lamar Smith**

Mailing Address PO Box 6155

City  
San Antonio

State  
TX

Zip Code  
78209

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Smith, Lamar, S., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TX District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** H6TX21012

**Transaction ID : B2C12DF61E1**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City  
Austin

State  
TX

Zip Code  
78711

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Cornyn, John, , Sen., III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** S2TX00106

**Transaction ID : B645FB608F**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

**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"/> 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**

**A. THE BILL KEATING COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3065

City BUZZARDS BAY State MA Zip Code 02532

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Keating, Bill, R., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MA District: 09

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C 000479063  
Transaction ID : B954A29B3D  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. THOM TILLIS COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Tillis, Thom, R., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2018

FEC Identification Number: C 000545772  
Transaction ID : B20B0DC345I  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Tim Ryan For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Ryan, Tim, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 17

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C H2OH17109  
Transaction ID : BAAC95439C  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

**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"/> 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. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** C00498873

**Transaction ID : B5D7900BA4**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TREASURE STATE PAC**

Mailing Address 3242 CUMMINS WAY

City MISSOULA State MT Zip Code 59802

Purpose of Disbursement  
2018 LPAC Support (Tester)

Candidate Name  
**TREASURE STATE PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** C00433680

**Transaction ID : B76A6E93BC**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Udall For Us All**

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Udall, Tom, S., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: NM District:

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2018

FEC Identification Number

**C** S8NM00184

**Transaction ID : B8A53EE2FE**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8000.00



**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"/> 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. Upton For All Of Us**

Mailing Address P.O. Box 490

City  
St. Joseph

State  
MI

Zip Code  
49085

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Upton, Fred, S., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H6MI04113

**Transaction ID : BD36CB1208**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VAN HOLLEN FOR SENATE**

Mailing Address 10605 CONCORD ST SUITE 202

City  
KENSINGTON

State  
MD

Zip Code  
20895

Purpose of Disbursement  
2022 Primary Election Support

Candidate Name

**Van Hollen, Chris, J., Sen., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00573758

**Transaction ID : BD52D0EA0A**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Buchanan, Vern, G., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H6FL13148

**Transaction ID : BF52604DD3**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8000.00

**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"/> 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. Visclosky For Congress**

Mailing Address Post Office Box 10003

City  
Merrillville

State  
IN

Zip Code  
46411

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Visclosky, Pete, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** H4IN01012

**Transaction ID : B909C51B61:**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Volunteers For Shimkus**

Mailing Address PO Box 661

City  
Collinsville

State  
IL

Zip Code  
62234

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Shimkus, John, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2018

FEC Identification Number

**C** H2IL20042

**Transaction ID : BBC2D86279I**  
Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VOTETIPTON.COM**

Mailing Address PO BOX 1582

City  
CORTEZ

State  
CO

Zip Code  
81321-1582

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Tipton, Scott, R., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

**C** C00470757

**Transaction ID : B47411B4CF**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

6500.00

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

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. Walberg For Congress**

Mailing Address PO Box 1362

City  
Jackson

State  
MI

Zip Code  
49204-1362

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Walberg, Tim, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H4MI07103

**Transaction ID : B73DBEB5C4**  
Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement

Candidate Name

**Walden, Greg, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

**C** H6OR02116

**Transaction ID : B27E9DB42D**  
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walter Jones Committee**

Mailing Address PO Box 3962

City  
Greenville

State  
NC

Zip Code  
27836

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Jones, Walter, B., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H2NC01081

**Transaction ID : BF301FD03D**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

10000.00

**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"/> 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. Yarmuth For Congress**

Mailing Address 1819 Brownsboro Road

City  
Louisville

State  
KY

Zip Code  
40202

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Yarmuth, John, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** H6KY03124

**Transaction ID : B96BD71075I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. YOUNG FOR IOWA, INC.**

Mailing Address PO BOX 162

City  
VAN METER

State  
IA

Zip Code  
50261-0162

Purpose of Disbursement  
2018 General Election Support

Candidate Name

**Young, David, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** C00545616

**Transaction ID : B0D63533465**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

288000.00