

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		311185.85
(b) Cash on Hand at Beginning of Reporting Period.....	299298.85	
(c) Total Receipts (from Line 19)	88367.00	136480.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	387665.85	447665.85
7. Total Disbursements (from Line 31).....	0.00	60000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	387665.85	387665.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58485.00	96691.00
(ii) Unitemized	29882.00	39789.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	88367.00	136480.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	88367.00	136480.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	88367.00	136480.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	88367.00	136480.00

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.....	0.00	60000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	60000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	60000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	88367.00	136480.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88367.00	136480.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Wendy Sue Winkelbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 3788 Highland Park Dr.
 City Greenwood State IN Zip Code 46143-8231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southside Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : A9609CBCFA781487AA2B
 Amount of Each Receipt this Period
 300.00

B. Dr. Katherine Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address Bailey & Associates
 1307 Washington St. #100
 City Oregon State IL Zip Code 61061-1627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bailey & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : A7F412CA702ED42328C1
 Amount of Each Receipt this Period
 300.00

C. Dr. Angie Lynn Glynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 4343 N. 600 E.
 City Franklin State IN Zip Code 46131-7865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : A5F50A301CADD46B7A9F
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jonathan J. Lubitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Indian River Ave. #601
 City Titusville State FL Zip Code 32796-5820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : A6D327A46402446AD9C0
 Amount of Each Receipt this Period
 300.00

B. Dr. James Q. McClelland
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 12th Ave. N.W. #F
 City Ardmore State OK Zip Code 73401-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : AF8B96C470B094FC080B
 Amount of Each Receipt this Period
 500.00

C. Dr. Angela P. Dominique
 Full Name (Last, First, Middle Initial)
 Mailing Address Fultondale Foot Clinic
 3524 Decatur Hwy. #301
 City Fultondale State AL Zip Code 35068-1366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fultondale Foot Clinic
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : A7139A80D304B4145A63
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Briant G. Moyles
 Full Name (Last, First, Middle Initial)
 Mailing Address Melbourne Podiatry Associates
 211 E. New Haven Ave.
 City Melbourne State FL Zip Code 32901-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Melbourne Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : A20EFF3826946478F940
 Amount of Each Receipt this Period
 300.00

B. Dr. Eugene L. Nassif Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4095 Hickory Hill Ln. S.E.
 City Cedar Rapids State IA Zip Code 52403-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : A03353960D259429F9E4
 Amount of Each Receipt this Period
 300.00

C. Dr. John D. Ruff
 Full Name (Last, First, Middle Initial)
 Mailing Address 614 N. Spring St.
 City Peoria State IL Zip Code 61603-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : A67933A50578B4A90839
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Joseph A. Schectman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1738 Ariel St.
 City Scranton State PA Zip Code 18505-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **02 / 04 / 2015**
Transaction ID : A05BDE0DEE73145368F3
 Amount of Each Receipt this Period **-150.00**
 STOP PAYMENT issued for donation

B. Dr. Gerard J. Kerbleski
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Associates of NM
 8300 Carmel Ave. N.E. #501
 City Albuquerque State NM Zip Code 87122-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 05 / 2015**
Transaction ID : A83DF88E40673450DAEB
 Amount of Each Receipt this Period **250.00**

C. Dr. Janet Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Associates of NM
 8300 Carmel Ave. N.E. #501
 City Albuquerque State NM Zip Code 87122-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1010.00**

Date of Receipt **02 / 05 / 2015**
Transaction ID : A1015C3C970564A8E98D
 Amount of Each Receipt this Period **5.00**

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Janet Simon
Full Name (Last, First, Middle Initial)

Mailing Address Podiatry Associates of NM
8300 Carmel Ave. N.E. #501

City Albuquerque State NM Zip Code 87122-3125

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

Name of Employer Podiatry Associates of NM Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 02 / 05 / 2015
Transaction ID : AD7BC51C7A6B34887AEA

Amount of Each Receipt this Period 5.00

B. Dr. John C. Roseman Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 323 Marion Ave. N.W. #101

City Massillon State OH Zip Code 44646-3639

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2015
Transaction ID : A419BDD745F734FD8952

Amount of Each Receipt this Period 250.00

C. Dr. Diane D. Branks
Full Name (Last, First, Middle Initial)

Mailing Address 9 La Torre Dr.

City Pomona State CA Zip Code 91766-4876

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 07 / 2015
Transaction ID : AFC9857328D9F426BAAA

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 755.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Steven H. Glickman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4770 Rochester Rd. #104
 City Troy State MI Zip Code 48085-4951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self-Employed
 Occupation: Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 07 / 2015
Transaction ID : A8B765B6F3F5C4DFB9FC
 Amount of Each Receipt this Period: 500.00

B. Dr. Eric R. Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address Long Beach Memorial Medical Center
 2333 Pacific Ave.
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Long Beach Memorial Medical Center
 Occupation: Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 07 / 2015
Transaction ID : A7CC29A9C059246EB804
 Amount of Each Receipt this Period: 1000.00

C. Dr. Charles G. Kissel
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Center Footcare Associates
 29433 Ryan Rd.
 City Warren State MI Zip Code 48092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Medical Center Footcare Associates
 Occupation: Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 07 / 2015
Transaction ID : A9859F98EDEA54E1AB50
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Anthony Michael Caristo
Full Name (Last, First, Middle Initial)

Mailing Address **Advanced Foot & Ankle Center**
774 Christiana Rd. #105

City **Newark** State **DE** Zip Code **19713**

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

Name of Employer **Advanced Foot & Ankle Center** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
02 / 09 / 2015

Transaction ID : A34D93ED047B845E5959

Amount of Each Receipt this Period
500.00

B. Dr. Harry Goldsmith
Full Name (Last, First, Middle Initial)

Mailing Address **13337 E. South St. #325**

City **Cerritos** State **CA** Zip Code **90703-7308**

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

Name of Employer **Self-Employed** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
02 / 09 / 2015

Transaction ID : A4CE43562704FD7BB4

Amount of Each Receipt this Period
300.00

C. Dr. Jon A. Hultman
Full Name (Last, First, Middle Initial)

Mailing Address **2011 Thayer Ave.**

City **Los Angeles** State **CA** Zip Code **90025-5926**

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

Name of Employer **California Podiatric Medical Associati** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
02 / 09 / 2015

Transaction ID : ABE0DA1A71B484F6BB69

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Lynn LeBlanc		Date of Receipt MM / DD / YYYY 02 / 09 / 2015
Mailing Address 1 Northwestern Dr. #301		Transaction ID : A051BB8E3521C46F8AC7
City Bloomfield	State CT	Zip Code 06002-3400
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kathleen Toepp Neuhoff		Date of Receipt MM / DD / YYYY 02 / 09 / 2015
Mailing Address Family Footcare Clinic 727 E. Jefferson Blvd.		Transaction ID : A64539D07AFE14D37822
City South Bend	State IN	Zip Code 46617-2902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Family Footcare Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Alan L. Bass		Date of Receipt MM / DD / YYYY 02 / 10 / 2015
Mailing Address 33 Bloomfield Rd.		Transaction ID : A501684131DDD4F60B2C
City Manalapan	State NJ	Zip Code 07726-7907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Brian Guy Dowling
Full Name (Last, First, Middle Initial)

Mailing Address 600 Virginia Ave.

City Cumberland State MD Zip Code 21502-4551

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : A65DBF107515E43EDAD6

Amount of Each Receipt this Period 500.00

B. Dr. Gary N. Friedlander
Full Name (Last, First, Middle Initial)

Mailing Address Sole Foot & Ankle Specialists
5750 W. Thunderbird Rd. #F640

City Glendale State AZ Zip Code 85306-4691

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

Name of Employer AZ Pod. Medicine Program At Midwestern Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : AA347E3B6A00742D19BE

Amount of Each Receipt this Period 500.00

C. Dr. Kim G. Gauntt
Full Name (Last, First, Middle Initial)

Mailing Address Oregon Foot Care Centers
410 Villa Rd.

City Newberg State OR Zip Code 97132

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

Name of Employer Foot Health Center of Newberg Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2015
Transaction ID : ABC977ADD9A994B56A00

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<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

Full Name (Last, First, Middle Initial) A. Dr. Kris A. Haase		Date of Receipt
Mailing Address 7116 Highland Rd.		M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2015
City	State	Zip Code
Waterford	MI	48327-1503
FEC ID number of contributing federal political committee.		Transaction ID : AFF62C0609BE4482CAA7
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. Dr. Leonard Raymond LaRussa		Date of Receipt
Mailing Address 146 Briarwood Cir.		M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2015
City	State	Zip Code
Americus	GA	31709-7943
FEC ID number of contributing federal political committee.		Transaction ID : AED5BA78B119042ACAFD
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Family Foot & Ankle Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. Dr. Jay D. Lifshen		Date of Receipt
Mailing Address SW Podiatry/Pod. Med. Partners of 2001 N. MacArthur Blvd. #300		M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2015
City	State	Zip Code
Irving	TX	75061
FEC ID number of contributing federal political committee.		Transaction ID : AE09036D91F1246A5A4E
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
S.W. Podiatry Associates	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jason Christopher Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Kingwood Medical Dr. #150
 City Kingwood State TX Zip Code 77339-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : ABF5071BDE5004EABBE0
 Amount of Each Receipt this Period
1000.00

B. Dr. Richard Pat Mistretta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 Riverglen Dr.
 City Suwanee State GA Zip Code 30024-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : A56BAE58D1394484ABC8
 Amount of Each Receipt this Period
250.00

C. Dr. Chuck L. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address Mitchell Foot & Ankle
 1424 E. 53rd St. #301
 City Chicago State IL Zip Code 60615-4553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : AE82C4815C71843FABF6
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Michael Joseph Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ryan Foot & Ankle Clinic
 8310 Medical Plaza Dr. #E
 City Charlotte State NC Zip Code 28262-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ryan Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2015
Transaction ID : A90E86BB4547540C6A0E
 Amount of Each Receipt this Period
300.00

B. Dr. Gary F. Stones
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Hayes St.
 City Garden City State NY Zip Code 11530-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2015
Transaction ID : A7B981E46DF6847C1B51
 Amount of Each Receipt this Period
250.00

C. Dr. Michael Tritto
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Spec. of the Mid-Atla
 11801 Rockville Pk. #105
 City Rockville State MD Zip Code 20852-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2015
Transaction ID : A6283A0327D2E45F9840
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<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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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Richard C. Wilson

Full Name (Last, First, Middle Initial)
Mailing Address Melbourne Podiatry Associates
211 E. New Haven Ave.

City Melbourne	State FL	Zip Code 32901-4503
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FEC ID number of contributing federal political committee. **C**

Name of Employer Melbourne Podiatry Associates	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : A88B7221855DD43048D8

Amount of Each Receipt this Period
300.00

B. Dr. John M. Wray

Full Name (Last, First, Middle Initial)
Mailing Address 30 N. Michigan Ave. #1129

City Chicago	State IL	Zip Code 60602-3478
-----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : ABC15AE6FA949474491A

Amount of Each Receipt this Period
500.00

C. Dr. Alan S. Lewis

Full Name (Last, First, Middle Initial)
Mailing Address 90 Keats Rd.

City Basking Ridge	State NJ	Zip Code 07920-2616
-----------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : A8816EF3E49694CA4A96

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Kendall L. Blackwell

Full Name (Last, First, Middle Initial)
Mailing Address Wilson Podiatry Associates
1704 Glendale Dr. #A

City Wilson State NC Zip Code 27893-4679

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

Name of Employer Wilson Podiatry Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 12 / 2015
Transaction ID : A4924558CDAFF47D29DB

Amount of Each Receipt this Period
300.00

B. Dr. William H. Dabdoub

Full Name (Last, First, Middle Initial)
Mailing Address 108A Smart Pl.

City Slidell State LA Zip Code 70458-2040

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 12 / 2015
Transaction ID : AB0F7D3CBC24A434297B

Amount of Each Receipt this Period
150.00

C. Dr. DeKarnos M. Dial

Full Name (Last, First, Middle Initial)
Mailing Address 2980 Shady View Dr.

City High Point State NC Zip Code 27265-8230

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 12 / 2015
Transaction ID : A5AF95CFCC36749FDB8D

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Richard Sikora
Full Name (Last, First, Middle Initial)

Mailing Address The Triad Foot Center
2706 St. Jude St.

City Greensboro State NC Zip Code 27405

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

Name of Employer The Triad Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 12 / 2015
Transaction ID : A51EC23F54BF64DFF87B

Amount of Each Receipt this Period
500.00

B. Dr. Richard S. Weinbaum
Full Name (Last, First, Middle Initial)

Mailing Address Family Foot & Ankle Specialists
1814 Westchester Dr. #300

City High Point State NC Zip Code 27262-7841

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

Name of Employer Family Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 12 / 2015
Transaction ID : A8E9C317E5E014327AAD

Amount of Each Receipt this Period
300.00

C. Dr. Richard A. Bronfman
Full Name (Last, First, Middle Initial)

Mailing Address AR Foot & Ankle Clinic
1501 Aldersgate Rd.

City Little Rock State AR Zip Code 72205-6611

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

Name of Employer AR Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 13 / 2015
Transaction ID : AA310591C81204D28A88

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Ronald G. Cervetti
 Full Name (Last, First, Middle Initial)
 Mailing Address Cedar Valley Podiatry
 4508 Chadwick Rd.
 City Cedar Falls State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedar Valley Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : A84F70FE0B8094E83AC4
 Amount of Each Receipt this Period **300.00**

B. Dr. Fredric Chussid
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 N. University Dr. #110
 City Plantation State FL Zip Code 33324-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : A8D60A2EEAB8B4ADB91E
 Amount of Each Receipt this Period **150.00**

C. Dr. Steven E. Damon
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Palomba Dr.
 City Enfield State CT Zip Code 06082-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : AF70AD5C8988640FB93F
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Jeffrey Doyle		Date of Receipt
Mailing Address 3600 N. Star Rd. #140		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Richardson	State TX	Zip Code 75082-5309
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A223FEC9BFF7B498A862
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. William Michael Dutch Jr.		Date of Receipt
Mailing Address 4631 Hartsfield Pl.		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Manlius	State NY	Zip Code 13104-9688
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A44F1775032C84213BFB
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. James M. Flynn		Date of Receipt
Mailing Address 5100 N. Brookline Ave. #375		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Oklahoma City	State OK	Zip Code 73112-3628
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AE0A27C1DCEEB4D3BBD
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 27 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Robert M. Gerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Austin St. #W508
 City Evanston State IL Zip Code 60202-3445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : A305FEF03008A4B37812
 Amount of Each Receipt this Period
500.00

B. Dr. Arnold S. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 31500 Telegraph Rd. #235
 City Bingham Farms State MI Zip Code 48025-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : A112C1093692640CDBDO
 Amount of Each Receipt this Period
500.00

C. Dr. Brent Martin Harwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Southeast Podiatry
 23937 U.S. Hwy. 98 #1
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : A95B92445BFC14E6CA34
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Henry N. Merritt Jr.

Full Name (Last, First, Middle Initial)
Mailing Address **Lauderdale Foot Care Center**
1160 N. State Rd. 7

City **Fort Lauderdale** State **FL** Zip Code **33313**

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

Name of Employer **Lauderdale Foot Care Center** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : A866655C09F8946D6BDF

Amount of Each Receipt this Period
300.00

B. Dr. Ray W. Ng

Full Name (Last, First, Middle Initial)
Mailing Address **6808 Churchill Way**

City **Dallas** State **TX** Zip Code **75230-1940**

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

Name of Employer **Self-Employed** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : A800BE1668DA047BCAD6

Amount of Each Receipt this Period
500.00

C. Dr. Mark B. Saffer

Full Name (Last, First, Middle Initial)
Mailing Address **Midwest Health Center**
4700 Schaefer Rd.

City **Dearborn** State **MI** Zip Code **48126**

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

Name of Employer **Midwest Health Center** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : AF9D4B2338FC8407EBB3

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Scott L. Shindler		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : AE651E00519F8497DBEF
Mailing Address Shindler Foot Clinic 2701 Fox Run Pkwy. #202		Amount of Each Receipt this Period 300.00
City Yankton	State SD	
Zip Code 57078-5350		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Shindler Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven M. Spinner		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : A8E2E52694486466FA45
Mailing Address 201 N. University Dr. #110		Amount of Each Receipt this Period 500.00
City Plantation	State FL	
Zip Code 33324-2039		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Marco Antonio Vargas		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : A3E36E594DCC44736B04
Mailing Address 17510 W. Grand Pkwy. S. #530		Amount of Each Receipt this Period 300.00
City Sugar Land	State TX	
Zip Code 77479-2651		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Catherine Louise Yack
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Franklin St. #106

City Huntsville State AL Zip Code 35801-4537

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 13 / 2015
Transaction ID : A4BDC93821D054C3B9E0

Amount of Each Receipt this Period 300.00

B. Dr. Maureen Leigh Caldwell
Full Name (Last, First, Middle Initial)

Mailing Address Podiatry Associates of Victoria
116 Imperial Dr. #A

City Victoria State TX Zip Code 77901-3948

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

Name of Employer Podiatry Associates of Victoria Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 17 / 2015
Transaction ID : A8161FF77CEBA435BB59

Amount of Each Receipt this Period 300.00

C. Dr. Debra Mary Glbson
Full Name (Last, First, Middle Initial)

Mailing Address South Baldwin Podiatry
1770 N. Alston St.

City Foley State AL Zip Code 36535

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

Name of Employer S. Baldwin Podiatry, P.C. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2015
Transaction ID : A369EABBCF08D449691F

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Martin Clayton Harris
Full Name (Last, First, Middle Initial)

Mailing Address **Martin C. Harris & Associates**
7 Wilkins Dr.

City **Plainville** State **MA** Zip Code **02762**

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

Name of Employer **Martin C. Harris & Associates** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : AC1321A92A9D84500AEA

Amount of Each Receipt this Period
300.00

B. Dr. Leslie G. Levy
Full Name (Last, First, Middle Initial)

Mailing Address **23501 Cinema Dr. #209**

City **Valencia** State **CA** Zip Code **91355-5430**

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

Name of Employer **Self-Employed** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : A166E04B5A43746E0893

Amount of Each Receipt this Period
500.00

C. Dr. Helena Anne Reid
Full Name (Last, First, Middle Initial)

Mailing Address **840 35th Ave. Pl. #102**

City **Moline** State **IL** Zip Code **61265-8026**

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

Name of Employer **Self-Employed** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : A795F9D3095834336B17

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Andrew John Young
Full Name (Last, First, Middle Initial)

Mailing Address Podiatry Associates of Victoria
116 Imperial Dr. #A

City Victoria State TX Zip Code 77901-3948

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

Name of Employer Podiatry Associates of Victoria Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 17 / 2015
Transaction ID : AC91013E80D784A7CB80

Amount of Each Receipt this Period 300.00

B. Dr. Carlos A. Cadena
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Doral Ct. #A

City Las Cruces State NM Zip Code 88011-8616

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2015
Transaction ID : A469645D5E87A4B67B4D

Amount of Each Receipt this Period 500.00

C. Dr. Maureen L. Crotty
Full Name (Last, First, Middle Initial)

Mailing Address Green Country Podiatry Center
3627 S. Harvard Ave.

City Tulsa State OK Zip Code 74135

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

Name of Employer Green Country Podiatry Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2015
Transaction ID : A801E309F27094A41A45

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mark Haas
Full Name (Last, First, Middle Initial)

Mailing Address Albuquerque Associated Podiatrists
8080 Academy N.E. #C

City Albuquerque State NM Zip Code 87111-1110

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

Name of Employer Albuquerque Associated Podiatrists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2015
Transaction ID : A57CA27BAE8F04A0CA66

Amount of Each Receipt this Period 500.00

B. Dr. Nathan D. Ivey
Full Name (Last, First, Middle Initial)

Mailing Address NM Foot & Ankle Institute
4343 Pan American Fwy. N.E. #234

City Albuquerque State NM Zip Code 87107-6834

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

Name of Employer New Mexico Foot & Ankle Institute Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2015
Transaction ID : A12BF0EBF66E74BE5A5B

Amount of Each Receipt this Period 500.00

C. Dr. John D. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Water Tower Pl. #300

City East Lansing State MI Zip Code 48823-8049

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2015
Transaction ID : A85A85F9EFA084E4ABBF

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 S. Washington Ave.
 City Royal Oak State MI Zip Code 48067-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 18 / 2015**
Transaction ID : A2B472B3970E843D2AA8
 Amount of Each Receipt this Period **500.00**

B. Dr. Sarah Lynn Mele
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 Mesa Rd.
 City Rio Rancho State NM Zip Code 87124-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 18 / 2015**
Transaction ID : AEF3B70B68B464A8B871
 Amount of Each Receipt this Period **300.00**

C. Dr. Alan J. Discot
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot & Ankle Care
 600 S. Dobson Rd. #D35
 City Chandler State AZ Zip Code 85224-5692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot & Ankle Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2015**
Transaction ID : A0C7967D191BD416FBEF
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address Tooele Foot & Ankle Clinic
 2356 N. 400 E. #104
 City Tooele State UT Zip Code 84074-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tooele Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : AA60D643F72EC4CFBBE1
 Amount of Each Receipt this Period
 500.00

B. Dr. Dennis L. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 674 St. Georges Ave.
 City Rahway State NJ Zip Code 07065-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : AB52B931D36B146538AE
 Amount of Each Receipt this Period
 500.00

C. Dr. Blake Odell Zobell
 Full Name (Last, First, Middle Initial)
 Mailing Address 879 N. Main St.
 City Richfield State UT Zip Code 84701-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : A57C951A4091549F8A75
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46
	<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

Full Name (Last, First, Middle Initial) A. Dr. Raymond G. Cavaliere			Date of Receipt MM / DD / YYYY 02 / 20 / 2015
Mailing Address 201 E. 28th St. #1A			Transaction ID : ABF059C649E0446C4AAB
City New York	State NY	Zip Code 10016-8538	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. David G. Edwards			Date of Receipt MM / DD / YYYY 02 / 20 / 2015
Mailing Address 1651 Saddle Hill Dr.			Transaction ID : A8931FC182B61461D89D
City Logan	State UT	Zip Code 84321-3001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Laura J. Pickard			Date of Receipt MM / DD / YYYY 02 / 20 / 2015
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.			Transaction ID : A0B76104A88B3406796E
City Chicago	State IL	Zip Code 60634-3547	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Norridge Foot Clinic	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 46
	<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

Full Name (Last, First, Middle Initial) A. Dr. Sylvia Virbulis		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Transaction ID : A26D8A5DE597D445B9A2
Mailing Address Piedmont Foot & Ankle Care 316 S. Church St.		Amount of Each Receipt this Period 500.00
City Salisbury	State NC	Zip Code 28144-4930
FEC ID number of contributing federal political committee.	C	
Name of Employer Piedmont Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffery H. Alexander		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 Transaction ID : A4477CD8844FB4AD18D7
Mailing Address Midwest Podiatry Services 610 S. Maple Ave. #2550		Amount of Each Receipt this Period 300.00
City Oak Park	State IL	Zip Code 60304-2807
FEC ID number of contributing federal political committee.	C	
Name of Employer Midwest Podiatry Services	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Brooke A. Bisbee		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 Transaction ID : AA8561C77E0604988BA8
Mailing Address Family Foot Health Center, P.A. 200 S. 20th St. #B		Amount of Each Receipt this Period 1500.00
City Rogers	State AR	Zip Code 72758-1100
FEC ID number of contributing federal political committee.	C	
Name of Employer Family Foot Health Center, P.A.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Frank S. Campo
 Full Name (Last, First, Middle Initial)
 Mailing Address N. End Foot Center
 260 North St.
 City Boston State MA Zip Code 02113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N. End Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : A2AA5B671757148E6A6A
 Amount of Each Receipt this Period
300.00

B. Mr. Don M. Canada
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 Congress Ave. #200
 City Austin State TX Zip Code 78701-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Podiatric Medical Assn. Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : A0DB117678B3147C7B91
 Amount of Each Receipt this Period
500.00

C. Dr. Brian W. Cornell
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Memorial Blvd.
 City Newport State RI Zip Code 02840-4098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : AB756A69CB6864ECEB8A
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Richard K. Rettig
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 W. Tabor Rd. #206
 City Philadelphia State PA Zip Code 19141-3040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : AE749B76DF6264070916
 Amount of Each Receipt this Period
300.00

B. Dr. Eric K. Riley
 Full Name (Last, First, Middle Initial)
 Mailing Address Sterling Rock Falls Clinic
 101 E. Miller Rd.
 City Sterling State IL Zip Code 61081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : A1D727510050D4B4BB69
 Amount of Each Receipt this Period
300.00

C. Dr. Francis John Rottier
 Full Name (Last, First, Middle Initial)
 Mailing Address 1529 W. Montana St. #1
 City Chicago State IL Zip Code 60614-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : A7E8F05F541CE455485E
 Amount of Each Receipt this Period
575.00

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Paul S. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 1479 Ygnacio Valley Rd. #102

City Walnut Creek	State CA	Zip Code 94598-2987
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : A3E97B59C406F4B798B3

Amount of Each Receipt this Period
500.00

B. Dr. Bruce W. Smit
Full Name (Last, First, Middle Initial)

Mailing Address 9875 W. Lincoln Hwy. #101

City Frankfort	State IL	Zip Code 60423-1931
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : A52B6E1B927A7473B869

Amount of Each Receipt this Period
300.00

C. Dr. Jason Ray Surratt
Full Name (Last, First, Middle Initial)

Mailing Address Westside Foot & Ankle Specialists
9900 S.W. Hall Blvd. #100

City Tigard	State OR	Zip Code 97223-5838
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FEC ID number of contributing federal political committee. **C**

Name of Employer Westside Podiatry Clinic	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : AA13032A5BD5F4CFE989

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. David Alan Yeager
Full Name (Last, First, Middle Initial)

Mailing Address KSB Medical Group/Foot & Ankle Cen
215 E. 1st St. #310

City Dixon State IL Zip Code 61021-3190

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

Name of Employer KSB Medical Group/Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : A04777FA404E7460DB30

Amount of Each Receipt this Period 1000.00

B. Dr. Kris A. Haase
Full Name (Last, First, Middle Initial)

Mailing Address 7116 Highland Rd.

City Waterford State MI Zip Code 48327-1503

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 25 / 2015
Transaction ID : A2EF7F65D12EF494BB5F

Amount of Each Receipt this Period 100.00

C. Dr. Kevan R. Kreitman
Full Name (Last, First, Middle Initial)

Mailing Address Shores Podiatry Associates
20905 E. 12 Mile Rd. #100

City Roseville State MI Zip Code 48066

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

Name of Employer Shores Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2015
Transaction ID : A7A6AEB50ED204350BC3

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 46
	<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

Full Name (Last, First, Middle Initial) A. Dr. Ali M. Safiedine		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : A46FBA990381044C69B7
Mailing Address 7243 Chase Rd.		Amount of Each Receipt this Period 2500.00
City Dearborn	State MI	Zip Code 48126-1301
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. Derek Dalling		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : AC00439E8FE924026A77
Mailing Address 1000 W Saint Joseph St Ste 200		Amount of Each Receipt this Period 1000.00
City Lansing	State MI	Zip Code 48915-2552
FEC ID number of contributing federal political committee. C		
Name of Employer Kindsvatter Dalling and Associates	Occupation Executive Director-AAPPM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Roland A. Palmquist		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : A619C9C5A55EC4DD4835
Mailing Address Parker Indian Health Center 12033 Agency Rd.		Amount of Each Receipt this Period 2500.00
City Parker	State AZ	Zip Code 85344
FEC ID number of contributing federal political committee. C		
Name of Employer Parker Indian Health Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Paul D. Cryan
Full Name (Last, First, Middle Initial)

Mailing Address Main Line Podiatry
295 Old Eagle School Rd.

City State Zip Code
Strafford PA 19087-2609

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

Name of Employer Occupation
Main Line Podiatry Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 27 / 2015
Transaction ID : AF562BF7B37674D1A8F5

Amount of Each Receipt this Period
250.00

B. Dr. William T. DeFeo Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3131 College Heights Blvd. #1500

City State Zip Code
Allentown PA 18104-4877

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A727ACAF0B0C44EA984F

Amount of Each Receipt this Period
300.00

C. Dr. Bradford J. Jacobs
Full Name (Last, First, Middle Initial)

Mailing Address 476 Painter Way

City State Zip Code
Lansdale PA 19446-4037

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A2EA3B0255ED64513B37

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Michael J. King
Full Name (Last, First, Middle Initial)

Mailing Address 222 Milliken Blvd.

City Fall River State MA Zip Code 02721-1623

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2015
Transaction ID : AD9FA74C3FFE143D0804

Amount of Each Receipt this Period 500.00

B. Dr. T. Eric Sicheloff
Full Name (Last, First, Middle Initial)

Mailing Address Novant Health Triad Foot & Ankle A
3641 Westgate Center Cir. #A

City Winston Salem State NC Zip Code 27103-2936

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

Name of Employer Piedmont Foot & Ankle Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 27 / 2015
Transaction ID : A541DB2F953F94829AFB

Amount of Each Receipt this Period 300.00

C. Dr. William J. Blake
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Associates, Inc.
2019 Galisteo St. #K

City Santa Fe State NM Zip Code 87505-2159

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

Name of Employer Foot & Ankle Associates, Inc. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : AF0DE7DB40F9D40C6A84

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	58485.00