



**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="2017"/>	<input type="text" value="302488.53"/>	<input type="text" value="302488.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="367451.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15372.33"/>	<input type="text" value="280104.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="382824.11"/>	<input type="text" value="582592.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="199768.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="382824.11"/>	<input type="text" value="382824.11"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

Report Covering the Period: From:  /  /  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).....	9050.83	191066.15
(ii) Unitemized .....	6321.50	89038.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15372.33	280104.32
(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) .....	15372.33	280104.32
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)).....▶	15372.33	280104.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15372.33	280104.32

**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	115918.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	115918.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	83500.00
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	350.00
(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	350.00
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)) ..	0.00	199768.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	199768.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	15372.33	280104.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15372.33	279754.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	115918.74
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	115918.74

**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 20
	<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

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

Name of Employer (for Individual) Instride Greensboro Podiatry Associate	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2017

**Transaction ID : A8285609928C9449AB31**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Anderson, David, Allen, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Family Foot Care  
433 Main St.

City Weston	State WV	Zip Code 26452-2047
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Family Foot Care	Occupation (for Individual) 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
07	/	28	/	2017

**Transaction ID : A27B40DA471564FA890F**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Basatneh, Rami, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 913 Ridge Ave. #C

City Philadelphia	State PA	Zip Code 19107-1438
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Student	Occupation (for Individual) Podiatric Student
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2017

**Transaction ID : A81725F469D0A4643B76**

Amount of Each Receipt this Period  
20.00

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 7 OF 20
<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. Bonet, Jerry, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 W. 47th St.

City La Grange	State IL	Zip Code 60525-6136
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VA	Occupation (for Individual) 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
07	/	21	/	2017

**Transaction ID : AF5FB25783CF1464CA94**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Borovoy, Marc, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Associated Podiatrists  
26750 Providence Pkwy. #130

City Novi	State MI	Zip Code 48374-1211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Associated Podiatrists	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : ADB7C978F9749465A9C4**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. Bryan, Gregory, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Ark LA Tex Foot Specialists, LLC  
385 Bert Kouns #200

City Shreveport	State LA	Zip Code 71106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2017

**Transaction ID : A31883AE27C7A4E65842**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 20
	<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. Buchbinder, Irving, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 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 ▼ 325.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : A78B9636F465C4418941**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Buchbinder, Irving, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 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 **07 / 20 / 2017**  
**Transaction ID : A1B09CFB191F24C1FB7A**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Campbell, Leslie, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Presbyterian Hospital of Allen 1105 Central Expy. N. #2240  
 City Allen State TX Zip Code 75013-6114  
 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 ▼ 1105.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : A05C7AD4DA77B465CB72**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 155.00  
**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 20
	<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. 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 70458-2040
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017

**Transaction ID : ABC2ED69F65294209983**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Davis, R., Daniel, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 Main St.

City Bridgeport	State CT	Zip Code 06606-5324
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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 ▼  
1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017

**Transaction ID : A80E9198CB4DA41D992E**

Amount of Each Receipt this Period  
350.00

Memo Item

**c. Dellinger, Richard, Alexander, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Ferncrest Dr.

City Little Rock	State AR	Zip Code 72223-6002
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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
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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  
 07 / 19 / 2017

**Transaction ID : A4CFA70DDE45B45E790D**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 20
<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. Desai, Sandra, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4329 S.W. 5th Pl.

City Cape Coral	State FL	Zip Code 33914-7504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lee County Ctr. for Foot & Ankle Surg.	Occupation (for Individual) 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
07	/	29	/	2017

**Transaction ID : A6106DC32451D4BAABAE**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Donley, Arthur, J., Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address North Wales Podiatry  
1061 S. Broad St.

City Lansdale	State PA	Zip Code 19446-5338
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Wales Podiatry	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
07	/	07	/	2017

**Transaction ID : A6B596DB6A87E44C0BB2**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Feller, Steve, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7507 Custer Rd. W.

City Tacoma	State WA	Zip Code 98499-8138
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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
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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
07	/	08	/	2017

**Transaction ID : AADC29FF35B7E4D06BBF**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 11 OF 20
	<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. 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 ▼ **230.00**

Date of Receipt **07 / 04 / 2017**

**Transaction ID : AC2670FF66ACD46ADAA4**

Amount of Each Receipt this Period **50.00**

Memo Item

**B. Frisch, Dennis, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Boca Raton Podiatry**  
950 Glades Rd. #2A

City **Boca Raton** State **FL** Zip Code **33431-6401**

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

Name of Employer (for Individual) **Boca Raton Podiatry** Occupation (for Individual) **Podiatric Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1105.00**

Date of Receipt **07 / 27 / 2017**

**Transaction ID : ABB18F73C4AFB40CE96C**

Amount of Each Receipt this Period **105.00**

Memo Item

**c. Grandfield, Christopher, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **921E 650N**

City **LaPorte** State **IN** Zip Code **46350-8976**

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 ▼ **1000.00**

Date of Receipt **07 / 17 / 2017**

**Transaction ID : A96F004297C174E3BB1B**

Amount of Each Receipt this Period **1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1155.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<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. Greenberg, Barney, A., Dr., DPM**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Podiatry Associates  
 2651 Hollywood Blvd.  
 City Hollywood State FL Zip Code 33020-4840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Podiatry Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1105.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : A06BBBE0385844B69B68**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Green, Tyson, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1747 Imperial Blvd.  
 City Lake Charles State LA Zip Code 70605-5362  
 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 ▼ 1200.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : A6405B923F6834805AA7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Haves, Bradley, Charles, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 N.W. 57th Ave. #118  
 City Miami State FL Zip Code 33126-2042  
 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 ▼ 405.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : A34397D9BE88A4D13B8E**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<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 13 OF 20
<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. Hetherington, Vincent, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Kent State Univ. College of Pod. M  
 6000 Rockside Woods Blvd.  
 City Independence State OH Zip Code 44131-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kent State University College of Pod. Occupation (for Individual) 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  
 07 / 27 / 2017  
**Transaction ID : AD20694A7651F4911AB4**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Hughes, Joseph, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Los Alamitos Foot Center  
 10961 Cherry St.  
 City Los Alamitos State CA Zip Code 90720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Los Alamitos Foot Center 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  
 07 / 14 / 2017  
**Transaction ID : A1009E040B1D744A68EF**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

**C. Kaplan, Randy, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2017  
**Transaction ID : ABC0C6C3F689B4CE8959**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	712.50
<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 14 OF 20
	<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. Ladha, Zahid, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3544 Marquis Ct.

City Floyds Knobs	State IN	Zip Code 47119-9766
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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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : A66C5574402D34A59B1E**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Lambert, Mark, Andrew, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Pensacola Foot & Ankle Center  
4850 N. 9th Ave.

City Pensacola	State FL	Zip Code 32503-2407
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pensacola Foot & Ankle Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

**Transaction ID : A79DCCD09A6B244969DC**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. 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
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2017

**Transaction ID : A05BFCA9611D74F2E912**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 15 OF 20
	<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. Lin, Steven, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Alexandria Family Podiatry  
2843 Duke St.

City Alexandria	State VA	Zip Code 22314-4512
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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 ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : A352D0EA82588442AA9A**

Amount of Each Receipt this Period  
315.00

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
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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 ▼  
583.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2017

**Transaction ID : A92887EA342034377992**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. 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
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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 ▼  
618.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2017

**Transaction ID : A785F57D00F9541EABF8**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<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 16 OF 20
	<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. Maling, Scott, N., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Desert Foot & Ankle P.C.  
 1520 S. Dobson Rd. #307  
 City Mesa State AZ Zip Code 85202-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Desert Foot & Ankle Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 07 / 2017**  
**Transaction ID : A90375995B3A94D68A33**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. McGuire, Heather, Renee, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pacific Foot & Ankle Care  
 2961 Loma Vista Rd.  
 City Ventura State CA Zip Code 93003-2915  
 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 ▼ 280.00

Date of Receipt **07 / 23 / 2017**  
**Transaction ID : A5ED8F375E97349A5ABE**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Meyer, Joan, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1147 E. Grand Ave.  
 City Escondido State CA Zip Code 92025-3219  
 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 **07 / 03 / 2017**  
**Transaction ID : A052A1F4D0CC44D34860**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	840.00
<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 17 OF 20
	<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. Nassoor, George, Michael, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Memorial Pkwy.

City Phillipsburg	State NJ	Zip Code 08865-1573
----------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2017

**Transaction ID : A51C7737E346E4CD5B20**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Nelson, Percy, Lee, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2630 N.E. 203rd St. #102

City Aventura	State FL	Zip Code 33180-1903
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2017

**Transaction ID : AFCE1A80755BC4A77B94**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Schoene, Lisa, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Gurnee Podiatry & Sports Medicine  
351 S. Greenleaf St. #C

City Park City	State IL	Zip Code 60085-5701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gurnee Podiatry & Sports Medicine	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
07	/	29	/	2017

**Transaction ID : A711D6777982541FCB7B**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 18 OF 20
	<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. Spohn-Gross, Holly, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sienna Wellness Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 08 / 2017  
**Transaction ID : A0DA171E024864BCCBED**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Stone, Kathleen, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Thunderbird Footcare 5605 W. Eugie Ave. #102  
 City Glendale State AZ Zip Code 85304-1273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thunderbird Footcare Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : A1850DDE2E9D14090A7F**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Stones, Gary, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 566 Broadway  
 City Massapequa State NY Zip Code 11758-5017  
 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 ▼ 1105.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : A39C859ED80A94B50B73**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 19 OF 20
<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. 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  
 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 ▼ 375.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : ADFDAB38FA9D249119C1**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Ward, Michael, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dubuque Podiatry 1500 Delhi St. #2200  
 City Dubuque State IA Zip Code 52001-6359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dubuque Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : A421D94F95E424594950**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Weaver, Benjamin, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Central KS Podiatry Associates 2081 N. Webb Rd.  
 City Wichita State KS Zip Code 67206-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central KS Podiatry Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : A1688A77A934642AD999**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 20 OF 20
	<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. Wilde, Corin, Q., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Wilde Foot & Ankle Clinic**  
 407 E. Centennial Dr.  
 City **Pittsburg** State **KS** Zip Code **66762-6505**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Wilde Foot & Ankle Clinic** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **335.00**

Date of Receipt **07 / 29 / 2017**  
**Transaction ID : A1FE62711C8F9400780B**  
 Amount of Each Receipt this Period **35.00**  
 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 ▼ **350.00**

Date of Receipt **07 / 05 / 2017**  
**Transaction ID : AD926FF50D00A4DC499E**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Young, Evan, Reese, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Foot Health Clinic**  
 5004 S. U St. #101-B  
 City **Fort Smith** State **AR** Zip Code **72903-3600**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Podiatric Physician** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : A12E0ED7B4F2141CCBE9**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>9050.83</b>