

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 03 / 01 / 2015 through 03 / 31 / 2015

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

Signature of Treasurer Dr. Randy K. Kaplan [Electronically Filed] Date 04 / 20 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		311185.85
(b) Cash on Hand at Beginning of Reporting Period.....	387665.85	
(c) Total Receipts (from Line 19)	69675.00	206155.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	457340.85	517340.85
7. Total Disbursements (from Line 31).....	3500.00	63500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	453840.85	453840.85
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).....	50276.00	146967.00
(ii) Unitemized	19399.00	59188.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69675.00	206155.00
(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)	69675.00	206155.00
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))..... ▶	69675.00	206155.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69675.00	206155.00

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.....	3500.00	63500.00
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)) ..	3500.00	63500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	63500.00

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)	69675.00	206155.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69675.00	206155.00
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: (check only one)	PAGE 6 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

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. Catherine M. Hudson
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Medical Center Blvd. #N-507

City	State	Zip Code
Marrero	LA	70072-3151

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

Transaction ID : A4F58B0498E554957957

Amount of Each Receipt this Period
500.00

B. Dr. Christina Brown
Full Name (Last, First, Middle Initial)

Mailing Address Dupage Medical Group
430 Pennsylvania Ave. #240

City	State	Zip Code
Glen Ellyn	IL	60137-4327

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

Name of Employer	Occupation
Wheaton Medical Clinic	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
03	/	04	/	2015

Transaction ID : A1C9FDB5ED0914E0B87A

Amount of Each Receipt this Period
500.00

C. Dr. Thomas V. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 289 Main St.

City	State	Zip Code
Suffield	CT	06078-2240

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

Name of Employer	Occupation
Podiatry Care	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
03	/	04	/	2015

Transaction ID : A7E5E9F609EF54C6CA6F

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 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. Robert E. Marra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 Enfield St.
 City Enfield State CT Zip Code 06082-5524
 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 **03 / 04 / 2015**
Transaction ID : A946DBC1FFD684CCF977
 Amount of Each Receipt this Period **500.00**

B. Dr. Robb A. Mothershed
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Specialists of the Car 3057 Trenwest Dr.
 City Winston Salem State NC Zip Code 27103-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ft. & Ankle Specialists of the Carolin Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : AF77C28EC5C3A4BC9903
 Amount of Each Receipt this Period **300.00**

C. Dr. Kash K. Siefert
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Hillcrest Dr.
 City Roseburg State OR Zip Code 97471-9228
 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 **03 / 04 / 2015**
Transaction ID : A9BB66D76623E4E3A820
 Amount of Each Receipt this Period **250.00**

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 8 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. Cordell Becker Smith
Full Name (Last, First, Middle Initial)

Mailing Address 734 Valley Rd.

City Roseburg State OR Zip Code 97471-8928

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
03 / 04 / 2015
Transaction ID : A600624A6B6DF489BA50

Amount of Each Receipt this Period
250.00

B. Dr. Terry L. Spilken
Full Name (Last, First, Middle Initial)

Mailing Address 349 E. Northfield Rd. #LL6

City Livingston State NJ Zip Code 07039-4808

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
03 / 04 / 2015
Transaction ID : A2BB81C7E360F4225A85

Amount of Each Receipt this Period
300.00

C. Dr. Curtis W. Long
Full Name (Last, First, Middle Initial)

Mailing Address 120 E. Birch St. #11

City Walla Walla State WA Zip Code 99362-3054

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
03 / 06 / 2015
Transaction ID : A6D3F3E6E694C4776A85

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 9 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. Gordon E. Fosdick
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Cherry Hill Rd.
 City Middlefield State CT Zip Code 06455-1238
 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
 03 / 07 / 2015
Transaction ID : ACE13292FFDB6403F9B3
 Amount of Each Receipt this Period
 250.00

B. Dr. Donald P. Heilala
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2218
 City Kingsford State MI Zip Code 49802-2218
 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
 03 / 07 / 2015
Transaction ID : A3FE8EB0BCDB84701A49
 Amount of Each Receipt this Period
 300.00

C. Dr. Bruce M. Jacob
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Foxpointe Dr.
 City West Bloomfield State MI Zip Code 48323-2615
 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
 03 / 07 / 2015
Transaction ID : AF06DAFDD089543A6A5A
 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 10 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. Devang C. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 761 Main Ave.
 City Norwalk State CT Zip Code 06851-1080
 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 **03 / 07 / 2015**
Transaction ID : A23566C005FEA47ABA15
 Amount of Each Receipt this Period **1000.00**

B. Dr. Joel Scott Segalman
 Full Name (Last, First, Middle Initial)
 Mailing Address Chase Parkway Podiatry Group
 714 Chase Pkwy.
 City Waterbury State CT Zip Code 06708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chase Parkway Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 07 / 2015**
Transaction ID : A55FED879496D4545843
 Amount of Each Receipt this Period **300.00**

C. Dr. Michael H. Theodoulou
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Puritan Dr.
 City Bedford State NH Zip Code 03110-6045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHAPO Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2015**
Transaction ID : A3D0C6E3844DE42929A2
 Amount of Each Receipt this Period **500.00**

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 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. Michael W. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 1951 S. Grandview Ave.
 City Dubuque State IA Zip Code 52003-7922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dubuque Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2015**
Transaction ID : A3A4027BB72EF40549BB
 Amount of Each Receipt this Period **500.00**

B. Dr. M. Diane Collier
 Full Name (Last, First, Middle Initial)
 Mailing Address S. AL Family Podiatry 204 Luds Way
 City Dothan State AL Zip Code 36303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 09 / 2015**
Transaction ID : ADA2B12A1B0844FB8B6F
 Amount of Each Receipt this Period **500.00**

C. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 09 / 2015**
Transaction ID : ABBE7EE5A36D240C1A76
 Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
<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. Mr. Matt Solak
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Ohio St. #780

City Indianapolis State IN Zip Code 46204-1995

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

Name of Employer Indiana Podiatric Medical Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2015
Transaction ID : A808174F86E914347AB4

Amount of Each Receipt this Period 500.00

B. Dr. Jeffrey R. DeSantis
Full Name (Last, First, Middle Initial)

Mailing Address 1038 E. Chapman Ave.

City Orange State CA Zip Code 92866-2111

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 03 / 11 / 2015
Transaction ID : AA063CFBDEE744F08B15

Amount of Each Receipt this Period 1000.00

C. Dr. Bruce G. Fawcett
Full Name (Last, First, Middle Initial)

Mailing Address 1302 Mayfair Rd.

City Raleigh State NC Zip Code 27608-1940

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 ▼ 350.00

Date of Receipt 03 / 11 / 2015
Transaction ID : A9D55E55A58BE4B2D87A

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 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. Troy David Zimbelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Poplar St.
 City Prattville State AL Zip Code 36066-3638
 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 **03 / 11 / 2015**
Transaction ID : A7D1F038AF1864591A1F
 Amount of Each Receipt this Period **500.00**

B. Dr. George Michael Nassoor
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 12 / 2015**
Transaction ID : ACBC4A045DC71441EB7B
 Amount of Each Receipt this Period **300.00**

C. Dr. Gregory T. Amarantos
 Full Name (Last, First, Middle Initial)
 Mailing Address Weil Foot & Ankle Institute
 5215 N. California #F605
 City Chicago State IL Zip Code 60625-8564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amarantos Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2015**
Transaction ID : AEB72F53ABA5748BB8F1
 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 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

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

A. Dr. Jane E. Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address Chapel Hill Foot & Ankle Assoc.
 1506 E. Franklin St. #104
 City Chapel Hill State NC Zip Code 27514-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chapel Hill Foot & Ankle Assoc. 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
03 / 13 / 2015
Transaction ID : ABBEC82A344CB479D9EE
 Amount of Each Receipt this Period
500.00

B. Dr. Lesley S. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6832 Del Mar Terrace
 City Naples State FL Zip Code 34105-5033
 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
03 / 13 / 2015
Transaction ID : A96C3E22C3FAF40FC9E0
 Amount of Each Receipt this Period
1000.00

C. Dr. Robert E. Marra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 Enfield St.
 City Enfield State CT Zip Code 06082-5524
 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 **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015
Transaction ID : AFEE4CBDDF23148C7A6F
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....	1650.00
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	

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

A. Dr. Jeffrey Rewitzer
Full Name (Last, First, Middle Initial)

Mailing Address 1150 E. Sherman Blvd. #2500

City Muskegon	State MI	Zip Code 49444-1895
------------------	-------------	------------------------

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : A6F42557D96134A5B9C1

Amount of Each Receipt this Period

800.00

B. Dr. Robert M. Sage
Full Name (Last, First, Middle Initial)

Mailing Address 2288 Cobblestone Ln.

City Beloit	State WI	Zip Code 53511-6716
----------------	-------------	------------------------

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

Name of Employer Beloit 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
03	/	13	/	2015

Transaction ID : A25D3AF4C972D49AA8CB

Amount of Each Receipt this Period

500.00

C. Dr. Robert J. Sheffey
Full Name (Last, First, Middle Initial)

Mailing Address Chicago Foot & Ankle Specialists,
3153 W. 111th St.

City Chicago	State IL	Zip Code 60655-2205
-----------------	-------------	------------------------

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

Name of Employer Chicago Foot&Ankle Specialists, P.C.	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
03	/	13	/	2015

Transaction ID : ABDBB32CA92194E52A12

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 16 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. James R. Christina
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Glendorian Court
 City Cockeyesville State MD Zip Code 21030-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APMA 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
 03 / 16 / 2015
Transaction ID : A5B794B242A824A2588B
 Amount of Each Receipt this Period
 300.00

B. Dr. Alan K. Mauser
 Full Name (Last, First, Middle Initial)
 Mailing Address Louisville Podiatry PSC 2525 Bardstown Rd.
 City Louisville State KY Zip Code 40205
 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
 03 / 16 / 2015
Transaction ID : A9F0B0AE05B3E4A3DAD5
 Amount of Each Receipt this Period
 300.00

C. Dr. Richard S. Eisner
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Highland Ave. #103
 City Salem State MA Zip Code 01970-2100
 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
 03 / 17 / 2015
Transaction ID : AE0CAC4DF3DCA481FAEF
 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 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. Joanne M. Gormley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3247 N.E. 104th St.
 City Seattle State WA Zip Code 98125-7824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot & Ankle Clinic of Seattle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 17 / 2015
Transaction ID : A5596C72584CD43119E6
 Amount of Each Receipt this Period 100.00

B. Dr. Douglas A. O'Heir
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 Silver St.
 City Waterville State ME Zip Code 04901-5833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MaineGeneral Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2015
Transaction ID : AC7D184C1FB3742B2A24
 Amount of Each Receipt this Period 300.00

c. Dr. Karla L. Stipati
 Full Name (Last, First, Middle Initial)
 Mailing Address 6N446 Brierwood Dr.
 City Saint Charles State IL Zip Code 60175-8322
 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 03 / 17 / 2015
Transaction ID : AC3B7B52F9DE74CD6AC7
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Phillip E. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address Central Carolina Foot & Ankle Asso
 4119 Capital St.
 City Durham State NC Zip Code 27704-2153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Health Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 17 / 2015**
Transaction ID : A212F1B13B06A47D095A
 Amount of Each Receipt this Period **1000.00**

B. Dr. Odin de los Reyes
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Crest Rd.
 City Southington State CT Zip Code 06489-2868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2015**
Transaction ID : AF3AC3957FC094A58A3B
 Amount of Each Receipt this Period **500.00**

C. Dr. Thomas Abrahamsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Kings Hwy. N.
 City Westport State CT Zip Code 06880-2438
 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 **03 / 19 / 2015**
Transaction ID : A66B88DBB84834ED9827
 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 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	<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. Barry H. Block		Date of Receipt 03 / 19 / 2015 Transaction ID : A95B60F3FAC5C43B78D7
Mailing Address 104-40 Queens Blvd.		Amount of Each Receipt this Period 500.00
City Forest Hills	State NY	Zip Code 11375-3637
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Podiatric Physician		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Denise Lea Elliott		Date of Receipt 03 / 19 / 2015 Transaction ID : A449EAE68CE944B2FBF9
Mailing Address Foot & Ankle Center 1111 Medical Center Blvd. #N507		Amount of Each Receipt this Period 500.00
City Marrero	State LA	Zip Code 70072
FEC ID number of contributing federal political committee. C	Name of Employer Foot & Ankle Center	
Occupation Podiatric Physician		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kent L. Magrini		Date of Receipt 03 / 19 / 2015 Transaction ID : A102C663E50F241A39DA
Mailing Address Foot Health Center 5004 S. U St. #101B		Amount of Each Receipt this Period 1000.00
City Fort Smith	State AR	Zip Code 72903
FEC ID number of contributing federal political committee. C	Name of Employer Foot Health Center	
Occupation Podiatric Physician		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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

Full Name (Last, First, Middle Initial) A. Mr. Peter J. Stein		Date of Receipt 03 / 19 / 2015 Transaction ID : AB7C1C959BF3D46F68D3
Mailing Address 1164 Silver Beech Rd		Amount of Each Receipt this Period 500.00
City Herndon	State VA	Zip Code 20170-2328
FEC ID number of contributing federal political committee. C		
Name of Employer American Podiatric Medical Association	Occupation Director of Legislative Advocacy	
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. Robert Paul Taylor		Date of Receipt 03 / 19 / 2015 Transaction ID : A5A81A72AD44445D99D2
Mailing Address 5575 Warren Pkwy. #101		Amount of Each Receipt this Period 300.00
City Frisco	State TX	Zip Code 75034-4066
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Benjamin J. Wallner		Date of Receipt 03 / 19 / 2015 Transaction ID : A7C8B611CF70F43138AF
Mailing Address 7512 Snowpea Ct Unit H		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	Zip Code 22306-2256
FEC ID number of contributing federal political committee. C		
Name of Employer American Podiatric Medical Association	Occupation Director	
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 21 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. Karen L. Wrubel
Full Name (Last, First, Middle Initial)

Mailing Address 67 Albero Ct.

City Rancho Palos Verdes State CA Zip Code 90275-5383

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
03 / 19 / 2015
Transaction ID : A9221DF60291445858A0

Amount of Each Receipt this Period
300.00

B. Ms. Candace Daly
Full Name (Last, First, Middle Initial)

Mailing Address 1296 W. 475 S.

City Farmington State UT Zip Code 84025-4715

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

Name of Employer Utah Podiatric Medical Association
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 20 / 2015
Transaction ID : AB28281E184FF46AC964

Amount of Each Receipt this Period
300.00

C. Dr. Paul Davis Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 2201 E. Nine Mile Rd.

City Pensacola State FL Zip Code 32514-7772

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
03 / 21 / 2015
Transaction ID : A8EEFD037A71C40328D3

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Charles M. Cavicchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Greenwood Ln.
 City Lincoln State RI Zip Code 02865-4726
 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
 03 / 21 / 2015
Transaction ID : A55AAB2F874EE486AA30
 Amount of Each Receipt this Period
 300.00

B. Dr. Jerauld D. Ferritto Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3774 Broadway
 City Grove City State OH Zip Code 43123-2235
 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
 03 / 21 / 2015
Transaction ID : A258FF9D7C5834FBBAD1
 Amount of Each Receipt this Period
 500.00

C. Dr. Lawrence B. Harkless
 Full Name (Last, First, Middle Initial)
 Mailing Address Western Univ. of Health Sciences
 309 E. 2nd St.
 City Pomona State CA Zip Code 91766-1854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Univ. of Health Sciences
 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
 03 / 21 / 2015
Transaction ID : A15A4ED18B1B84D0A92E
 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 23 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. Michael T. Joyce
Full Name (Last, First, Middle Initial)

Mailing Address Roseville Podiatry Clinic
2680 Snelling Ave. N. #260

City Roseville State MN Zip Code 55113-1883

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

Name of Employer Roseville Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2015
Transaction ID : A1B30C363E5AD49CB8E6

Amount of Each Receipt this Period 250.00

B. Dr. Paul Kinberg
Full Name (Last, First, Middle Initial)

Mailing Address 6023 Gentle Knoll Ln.

City Dallas State TX Zip Code 75248-2122

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 03 / 21 / 2015
Transaction ID : A51AAE8121E584FF3A9C

Amount of Each Receipt this Period 1000.00

C. Dr. David Stewart Liebow
Full Name (Last, First, Middle Initial)

Mailing Address Southern VT Podiatry
382 Canal St.

City Brattleboro State VT Zip Code 05301-6617

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 03 / 21 / 2015
Transaction ID : A572641C55F5448518E8

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 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. Ronald A. Maskarinec
 Full Name (Last, First, Middle Initial)
 Mailing Address Foothills Podiatry
 707 N. Morgan St., P.O. Box 1801
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothills Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : AC0C76120B34C4D00942
 Amount of Each Receipt this Period
300.00

B. Dr. Patricia A. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Terre Coupe St.
 City Buchanan State MI Zip Code 49107-1029
 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
 03 / 21 / 2015
Transaction ID : A363574873C0F4BAB9DD
 Amount of Each Receipt this Period
500.00

C. Dr. Chester A. Nava Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Gilliland Rd.
 City Louisville State KY Zip Code 40245-4034
 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
 03 / 21 / 2015
Transaction ID : A893FB0717E064D82936
 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	<input type="checkbox"/> 17

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

A. Dr. Kari E. Prescott
Full Name (Last, First, Middle Initial)

Mailing Address 825 Nicollet Mall #441

City Minneapolis State MN Zip Code 55402-2611

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 03 / 21 / 2015
Transaction ID : A0B1F72643611475593C

Amount of Each Receipt this Period 500.00

B. Dr. Joseph A. Sciandra
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1126

City Amherst State NY Zip Code 14226-7126

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 03 / 21 / 2015
Transaction ID : A2471E3D893CD4B20B95

Amount of Each Receipt this Period 300.00

C. Dr. Paul Z. Sheremeta
Full Name (Last, First, Middle Initial)

Mailing Address Capital Foot Specialists
3761 Carman Rd.

City Schenectady State NY Zip Code 12303-5418

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

Name of Employer Capital Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2015
Transaction ID : AABAEB3231C1C4272852

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 26 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. Alyssa Kay Stephenson
Full Name (Last, First, Middle Initial)

Mailing Address 1093 Spring Lake Dr.

City Fond Du Lac State WI Zip Code 54935-9726

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

Name of Employer Family Foot Clinics of WI Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2015
Transaction ID : ABCA16A43718345B0BFB

Amount of Each Receipt this Period 500.00

B. Dr. Kathleen M. Stone
Full Name (Last, First, Middle Initial)

Mailing Address 18807 N. 42nd Ave.

City Glendale State AZ Zip Code 85308-7527

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

Name of Employer Thunderbird Footcare Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2015
Transaction ID : AEC829056609A428F94A

Amount of Each Receipt this Period 500.00

C. Dr. Stephen C. Wan
Full Name (Last, First, Middle Initial)

Mailing Address W. Torrance Podiatrists Group
3400 Lomita Blvd. #403

City Torrance State CA Zip Code 90505

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 03 / 21 / 2015
Transaction ID : A91EFFC80D56549B2971

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 27 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. Richard A. Altwerger
Full Name (Last, First, Middle Initial)

Mailing Address Village Medical Arts Complex
77 Miller Rd. #202

City Castleton On Hudson State NY Zip Code 12033-4040

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
03 / 22 / 2015
Transaction ID : ACF376E1A55D94F12999

Amount of Each Receipt this Period
500.00

B. Mr. Michael Borden
Full Name (Last, First, Middle Initial)

Mailing Address 555 8th Ave. #1902

City New York State NY Zip Code 10018-4349

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

Name of Employer New York State Podiatric Medical Assn. Occupation Interim Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 22 / 2015
Transaction ID : AED82866F22114DD88CC

Amount of Each Receipt this Period
500.00

C. Dr. Stuart A. Courtney
Full Name (Last, First, Middle Initial)

Mailing Address 1250 E. Hallandale Beach Blvd. #10

City Hallandale State FL Zip Code 33009-4636

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
03 / 22 / 2015
Transaction ID : A607C77B6FE5E4462B9B

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 28 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"/>	<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. Roy R. DeFrancis			Date of Receipt 03 / 22 / 2015 Transaction ID : A7E8F2DB8ADB45B085C		
Mailing Address 570 French Rd.			Amount of Each Receipt this Period 300.00		
City Cheektowaga	State NY	Zip Code 14227-3530			
FEC ID number of contributing federal political committee. C					
Name of Employer Self-Employed		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) B. Dr. Paul R. Glaser			Date of Receipt 03 / 22 / 2015 Transaction ID : A02131C14BBB54E1A855		
Mailing Address 4113 Oleander Dr. #G			Amount of Each Receipt this Period 300.00		
City Wilmington	State NC	Zip Code 28403-6840			
FEC ID number of contributing federal political committee. C					
Name of Employer Self-Employed		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Dr. Howard B. Goldsmith			Date of Receipt 03 / 22 / 2015 Transaction ID : A4541D73A98CC4451994		
Mailing Address 41 W. 72nd St. #2D			Amount of Each Receipt this Period 250.00		
City New York	State NY	Zip Code 10023-3476			
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 ▼ 250.00			

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:	PAGE 29 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. Tyson E. Green
Full Name (Last, First, Middle Initial)
Mailing Address 4213 Maidstone Dr.
City Lake Charles State LA Zip Code 70605-4033
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 22 / 2015**
Transaction ID : A4F2323E1606A428D953
Amount of Each Receipt this Period **300.00**

B. Dr. Todd A. Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 11110 Medical Campus Rd. #100
City Hagerstown State MD Zip Code 21742-6734
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 **03 / 22 / 2015**
Transaction ID : A9DCFEA0755B84721A38
Amount of Each Receipt this Period **300.00**

C. Dr. Donald G. Hovancsek
Full Name (Last, First, Middle Initial)
Mailing Address 7520 Sandy Point Rd. N.E.
City Olympia State WA Zip Code 98516
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 **03 / 22 / 2015**
Transaction ID : A013B6B3906414D79B3E
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 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. Kert W. Howard
Full Name (Last, First, Middle Initial)

Mailing Address Pocatello Podiatry Associates
1555 E. Clark St.

City Pocatello State ID Zip Code 83201-4133

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

Name of Employer Pocatello Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2015
Transaction ID : AEEB81017B27F435A9A4

Amount of Each Receipt this Period 300.00

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

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

City Chicago State IL Zip Code 60617-2740

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 22 / 2015
Transaction ID : A5F719E50B1A04D098FC

Amount of Each Receipt this Period 625.00

C. Dr. Kile W. Kinney
Full Name (Last, First, Middle Initial)

Mailing Address The Foot & Ankle Group
1515 Laney Walker Blvd.

City Augusta State GA Zip Code 30904-5827

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

Name of Employer The Foot & Ankle Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2015
Transaction ID : A2A9CF20D67A4489F9BB

Amount of Each Receipt this Period 300.00

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

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

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

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

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

A. Dr. Eric M. Kosofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address Hartford Podiatry Group
 597 Farmington Ave.
 City Hartford State CT Zip Code 06105-3030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Podiatry Group 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
 03 / 22 / 2015
Transaction ID : AC67A79F96EF0499C92F
 Amount of Each Receipt this Period
 300.00

B. Dr. Marc A. Lederman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Livingston Rd.
 City Canton State CT Zip Code 06019-3050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W. Hartford 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
 03 / 22 / 2015
Transaction ID : A8B1055216DDC409AB73
 Amount of Each Receipt this Period
 300.00

C. Dr. Marc D. Lenet
 Full Name (Last, First, Middle Initial)
 Mailing Address 5508 Belair Rd.
 City Baltimore State MD Zip Code 21206-3613
 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
 03 / 22 / 2015
Transaction ID : A38D38586CA9F4A1199C
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Charles M. Lombardi

Full Name (Last, First, Middle Initial)
Mailing Address 32-07 Francis Lewis Blvd.

City Flushing	State NY	Zip Code 11358-1922
------------------	-------------	------------------------

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
03	/	22	/	2015

Transaction ID : AA8714367B65C4B17889

Amount of Each Receipt this Period
500.00

B. Dr. Kenneth F. Malkin

Full Name (Last, First, Middle Initial)
Mailing Address 250 Congress Park Dr. #102

City Delray Beach	State FL	Zip Code 33445-4631
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2015

Transaction ID : AA7D53CC4E1B348269E2

Amount of Each Receipt this Period
250.00

C. Dr. Jose Antonio Mattei-Diaz

Full Name (Last, First, Middle Initial)
Mailing Address 301 Calle M. Perez Aviles #1

City Arecibo	State PR	Zip Code 00612-4475
-----------------	-------------	------------------------

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
03	/	22	/	2015

Transaction ID : AF0EE3B26F91C4EEAB8F

Amount of Each Receipt this Period
300.00

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 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	

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

A. Dr. Stephen D. Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Spec. of the Mid-Atla
 129 Lubrano Dr. #303
 City Annapolis State MD Zip Code 21401-7568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Foot & Ankle Assoc. 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
 03 / 22 / 2015
Transaction ID : AB6B189C5277F4D0AAE4
 Amount of Each Receipt this Period
 500.00

B. Dr. Grace D. Pascual
 Full Name (Last, First, Middle Initial)
 Mailing Address 1329 Lusitana St. #801
 Queen's Physician Office Bldg. II
 City Honolulu State HI Zip Code 96813-2434
 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
 03 / 22 / 2015
Transaction ID : A28856B2407A54C828EE
 Amount of Each Receipt this Period
 300.00

C. Dr. Mark E. Pinker
 Full Name (Last, First, Middle Initial)
 Mailing Address Pinker & Associates
 47 Brookwood Ave.
 City Carlisle State PA Zip Code 17015-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinker & 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
 03 / 22 / 2015
Transaction ID : A426EFE02E5DD49368D5
 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 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. Vito J. Rizzo
Full Name (Last, First, Middle Initial)

Mailing Address 24 Brentwood Rd.

City Bay Shore State NY Zip Code 11706-8011

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 ▼ 350.00

Date of Receipt 03 / 22 / 2015
Transaction ID : AE427F1F8D29348F7A5A

Amount of Each Receipt this Period 350.00

B. Dr. Christian A. Robertozzi
Full Name (Last, First, Middle Initial)

Mailing Address The Norman Silbert Medical Arts Bldg
222 High St. #201

City Newton State NJ Zip Code 07860-9604

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 03 / 22 / 2015
Transaction ID : A65B03F5E434543FDB7E

Amount of Each Receipt this Period 500.00

C. Dr. Robert A. Russo
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Buffalo Rd. Bldg. 900 #C

City Rochester State NY Zip Code 14624-1360

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 03 / 22 / 2015
Transaction ID : A10C10715C7BE436E850

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 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
 03 / 22 / 2015
Transaction ID : A8199290978AA44819AE
 Amount of Each Receipt this Period
500.00

B. Dr. Lloyd S. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Hartman Rd.
 City Newton Center State MA Zip Code 02459-3035
 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
 03 / 22 / 2015
Transaction ID : A8669AED2EC1E407A837
 Amount of Each Receipt this Period
250.00

C. Dr. Richard A. Stanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5905 S. Emerson Ave. #300
 City Indianapolis State IN Zip Code 46237-2406
 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
 03 / 22 / 2015
Transaction ID : AF399624EB71D4067949
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 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

Full Name (Last, First, Middle Initial) A. Dr. Gary F. Stones		Date of Receipt 03 / 22 / 2015 Transaction ID : AB5CED0BA193C4676974
Mailing Address 134 Hayes St.		Amount of Each Receipt this Period 750.00
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: <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) B. Dr. Nicholas J. Tanner		Date of Receipt 03 / 22 / 2015 Transaction ID : A0ED4712F2E1743A187F
Mailing Address Family Foot Center 526 N. Mullan Rd. #B		Amount of Each Receipt this Period 300.00
City Spokane	State WA	Zip Code 99206
FEC ID number of contributing federal political committee. C		
Name of Employer Family Foot Center	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. Rosanna Troia		Date of Receipt 03 / 22 / 2015 Transaction ID : A9721BD4A9908446797C
Mailing Address 41 W. 72nd St. #1A		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10023-3476
FEC ID number of contributing federal political committee. C		
Name of Employer Foot and Ankle Medical Care, P.C.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 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

A. Dr. Susan M. Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 981 Canton Ave.

City Milton State MA Zip Code 02186-3621

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

Name of Employer Foot Care Specialists of Boston Med. C Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2015
Transaction ID : AFC21EFE03C88418F8B7

Amount of Each Receipt this Period 250.00

B. Dr. Barry E. Wesselowski
Full Name (Last, First, Middle Initial)

Mailing Address 209 N. 6th St., P.O. Box 372

City Independence State KS Zip Code 67301-0372

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 03 / 22 / 2015
Transaction ID : A5F569E3531684E0796E

Amount of Each Receipt this Period 500.00

C. Dr. Alan J. Block
Full Name (Last, First, Middle Initial)

Mailing Address 1833 Lake Shore Dr.

City Columbus State OH Zip Code 43204-4964

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 03 / 23 / 2015
Transaction ID : A17B3315E1EEE4901B3C

Amount of Each Receipt this Period 300.00

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 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

A. Dr. Lisa Cornelius
Full Name (Last, First, Middle Initial)

Mailing Address 3640 N.W. Samaritan Dr. #160

City Corvallis	State OR	Zip Code 97330-3738
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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
03	/	23	/	2015

Transaction ID : AC3C4E96748AB4250B18

Amount of Each Receipt this Period
1000.00

B. Dr. Wesley L. Daniel
Full Name (Last, First, Middle Initial)

Mailing Address Gainesville Podiatry Clinic
1975 Beverly Rd. #B

City Gainesville	State GA	Zip Code 30501-2034
---------------------	-------------	------------------------

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

Name of Employer Gainesville Podiatry 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
03	/	23	/	2015

Transaction ID : A2EFC7A0A21B04C0DB5F

Amount of Each Receipt this Period
300.00

C. Dr. Richard Alexander Dellinger
Full Name (Last, First, Middle Initial)

Mailing Address 3 Athena Ct.

City Little Rock	State AR	Zip Code 72227-5905
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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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2015

Transaction ID : AAEF4157938DD4B16892

Amount of Each Receipt this Period
1000.00

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. Timothy S. Grace
 Full Name (Last, First, Middle Initial)
 Mailing Address 11212 Sunrise Blvd. E #203
 City Puyallup State WA Zip Code 98374-8847
 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
 03 / 23 / 2015
Transaction ID : AB693C86AD4CA46ECB28
 Amount of Each Receipt this Period
 1000.00

B. Dr. S. F. Charley Hartley
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 W. Pasadena Blvd.
 City Deer Park State TX Zip Code 77536-4870
 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
 03 / 23 / 2015
Transaction ID : AA9FA05EE098640C8B0C
 Amount of Each Receipt this Period
 300.00

C. Dr. Edwin S. Hart III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Easton Ave.
 City Bethlehem State PA Zip Code 18017-5009
 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
 03 / 23 / 2015
Transaction ID : A42FB892FDF464299874
 Amount of Each Receipt this Period
 250.00

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 40 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. Daniel B. Keating
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Main St. #214
 City Buffalo State NY Zip Code 14214-2693
 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 **03 / 23 / 2015**
Transaction ID : A52407B539B6644AAB85
 Amount of Each Receipt this Period **100.00**

B. Dr. David John Kiessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 N. Rodney Parham Rd. #100
 City Little Rock State AR Zip Code 72212-2458
 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 **03 / 23 / 2015**
Transaction ID : AEF56C12032CE4FC1A35
 Amount of Each Receipt this Period **250.00**

C. Dr. Stephen John Merena
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Vista Ct.
 City Jericho State VT Zip Code 05465-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Champlain Valley Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 23 / 2015**
Transaction ID : ABAD35D98DA454AE6823
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **650.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 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. Joseph D. Pasquino
Full Name (Last, First, Middle Initial)
Mailing Address 14806 Rt. 30

City North Huntingdon State PA Zip Code 15642-1006

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 ▼ **301.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : AB22407AFFA8543BA8D4

Amount of Each Receipt this Period
301.00

B. Dr. William J. Schlorff
Full Name (Last, First, Middle Initial)
Mailing Address 345 E. Central Ave.

City Jersey Shore State PA Zip Code 17740-6979

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : A4320FC017ED34CC08F9

Amount of Each Receipt this Period
250.00

c. Dr. Loring J. Stead
Full Name (Last, First, Middle Initial)
Mailing Address Olmsted Medical Center
210 9th St. S.E.

City Rochester State MN Zip Code 55904-6756

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

Name of Employer Olmsted Medical 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
03 / 23 / 2015

Transaction ID : AE30E772CF59E43E6AC0

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **851.00**

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. Lindsay D. Barth
Full Name (Last, First, Middle Initial)

Mailing Address Next Step Foot & Ankle Centers
2315 Dougherty Ferry Rd. #110

City Saint Louis State MO Zip Code 63122

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

Name of Employer Tesson Ferry Foot & Ankle Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 24 / 2015
Transaction ID : **ABB01EA6B41B84924BC0**

Amount of Each Receipt this Period
500.00

B. Dr. Gregory W. Bryan
Full Name (Last, First, Middle Initial)

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

City Shreveport State LA Zip Code 71106

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

Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 24 / 2015
Transaction ID : **AAF9962E8CEDA423F83C**

Amount of Each Receipt this Period
100.00

C. Dr. Tyson E. Green
Full Name (Last, First, Middle Initial)

Mailing Address 4213 Maidstone Dr.

City Lake Charles State LA Zip Code 70605-4033

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 24 / 2015
Transaction ID : **A68F273B4E5A04A51B6C**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

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

A. Dr. William J. O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address Carolina Foot Care Associates
 1711 Davie Ave.
 City Statesville State NC Zip Code 28677-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Foot Care Associates 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
 03 / 27 / 2015
Transaction ID : A4FDA5FC136BD466CBD9
 Amount of Each Receipt this Period
 250.00

B. Dr. Bryan Carl Satterwhite
 Full Name (Last, First, Middle Initial)
 Mailing Address 3469 Scupper Run S.E.
 City Southport State NC Zip Code 28461-7411
 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
 03 / 27 / 2015
Transaction ID : A815054C6296A4CBFADE
 Amount of Each Receipt this Period
 300.00

C. Dr. Lesley S. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6832 Del Mar Terrace
 City Naples State FL Zip Code 34105-5033
 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 ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : A41A452CD1F4745039C4
 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 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

A. Dr. James H. Dolan
Full Name (Last, First, Middle Initial)

Mailing Address Core Physicians
21 Hampton Rd. Bldg. 1

City Exeter State NH Zip Code 03833-4831

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
03 / 31 / 2015
Transaction ID : A4B1EBF668A6844D9875

Amount of Each Receipt this Period
300.00

B. Dr. Christopher S. Grandfield
Full Name (Last, First, Middle Initial)

Mailing Address 921E 650N

City LaPorte State IN Zip Code 46350-8976

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
03 / 31 / 2015
Transaction ID : A40E49ACEB5A24932ADF

Amount of Each Receipt this Period
1000.00

C. Dr. James R. Hirt
Full Name (Last, First, Middle Initial)

Mailing Address Fenton Foot Care
14229 Torrey Rd. #1

City Fenton State MI Zip Code 48430-3308

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 ▼
650.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A22A4CE5C373045C99BC

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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 45 OF 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Benjamin K. Marble
Full Name (Last, First, Middle Initial)
Mailing Address 1619 N. Greenwood St. #300

City Pueblo	State CO	Zip Code 81003-2657
----------------	-------------	------------------------

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
03	/	31	/	2015

Transaction ID : AF7CABE450F4C442281E

Amount of Each Receipt this Period
500.00

B. Dr. Darlo G. Vander Wilt
Full Name (Last, First, Middle Initial)
Mailing Address 7 Applewood Ln.

City Albuquerque	State NM	Zip Code 87107-6403
---------------------	-------------	------------------------

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

Name of Employer Family Foot Health Specialists	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
03	/	31	/	2015

Transaction ID : A14FDBDB618714853BB2

Amount of Each Receipt this Period
500.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	50276.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress, Inc.

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement

Candidate Name
Rep. Bill J. Pascrell Jr.

Office Sought: House
 Senate
 President
State: NJ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : B49C9DFD519834BFA940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. West Temple, Ste 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : B6808302D4D1E40F5A2D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

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

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

3500.00

3500.00
