

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road

Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 01 2015 through 08 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 09 18 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		310035.85
(b) Cash on Hand at Beginning of Reporting Period.....	491284.85	
(c) Total Receipts (from Line 19)	25745.00	324494.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	517029.85	634529.85
7. Total Disbursements (from Line 31).....	6000.00	123500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	511029.85	511029.85
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)

Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2015 To: M M / D D / Y Y Y Y 08 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14430.00	217592.00
(ii) Unitemized	11315.00	106902.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25745.00	324494.00
(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)	25745.00	324494.00
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))..... ▶	25745.00	324494.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25745.00	324494.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	123500.00
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)) ..	6000.00	123500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	123500.00

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)	25745.00	324494.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25745.00	324494.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr. Charles Henry Allison
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Caylor-Nickel Sq.
 City Bluffton State IN Zip Code 46714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A0610D2ABCD844E0DAB2
 Amount of Each Receipt this Period
 500.00

B. Dr. Meghan Marie Arnold
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Misty Moss Ln.
 City Saint Peters State MO Zip Code 63376
 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
 08 / 28 / 2015
Transaction ID : A633308E9C7D94A63B87
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael J. Ball
 Full Name (Last, First, Middle Initial)
 Mailing Address 9080 Kimberly Blvd. #7
 City Boca Raton State FL Zip Code 33434
 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
 08 / 06 / 2015
Transaction ID : A986280DC61AC4C5C999
 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 7 OF 24
	<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. Steven J. Berlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6501 Red Hood Plz. #201
 City Saint Thomas State VI Zip Code 00802
 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 **08 / 04 / 2015**
Transaction ID : A3F1BF09250044532BF6
 Amount of Each Receipt this Period **500.00**

B. Dr. Animesh S. Bhatia
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Lazelle Rd. E #B
 City Columbus State OH Zip Code 43235
 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 **08 / 14 / 2015**
Transaction ID : A8B6F8A752D5E4CA19D7
 Amount of Each Receipt this Period **250.00**

C. Dr. H. F. Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Georgia Ave.
 City Little Rock State AR Zip Code 72207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 09 / 2015**
Transaction ID : AFC774C73EA504ADC888
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	800.00
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 24
	<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. 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 ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : A6ADD6C48226242999DC
 Amount of Each Receipt this Period
 100.00

B. Dr. Donald James Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address Hermiston Family Foot Clinic
 1050 W. Elm Ave. #170
 City Hermiston State OR Zip Code 97838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : A3DDD06098B65418FA5E
 Amount of Each Receipt this Period
 300.00

c. Dr. Charles P. Chapel
 Full Name (Last, First, Middle Initial)
 Mailing Address 12084 Cortez Blvd.
 City Brooksville State FL Zip Code 34613
 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
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : A187FE0B041674505A94
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 24
	<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. David S. Chung
 Full Name (Last, First, Middle Initial)
 Mailing Address N.W. Foot Clinic, P.C.
 4055 S.W. 185th Ave. #100
 City Aloha State OR Zip Code 97007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.W. Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : AA59EB1AC3B8242FF912
 Amount of Each Receipt this Period **300.00**

B. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 108A Smart Pl.
 City Slidell State LA Zip Code 70458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 05 / 2015**
Transaction ID : A8218ABB10B0D4768B76
 Amount of Each Receipt this Period **150.00**

C. Dr. Kirk W. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Wayne Ave.
 City Chambersburg State PA Zip Code 17201
 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 **08 / 12 / 2015**
Transaction ID : A9DACC7480750423E962
 Amount of Each Receipt this Period **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<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. Jimmy W. Downing
Full Name (Last, First, Middle Initial)

Mailing Address 600 Peter Jefferson Pkwy. #360

City Charlottesville	State VA	Zip Code 22911
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : AA4B565E44C4B40EA960

Amount of Each Receipt this Period

300.00

B. Dr. Martin J. Faasse
Full Name (Last, First, Middle Initial)

Mailing Address Fairlanes Medical Center
3550 Fairlanes Ave. S.W., P.O. Box

City Grandville	State MI	Zip Code 49468
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fairlanes Medical Center	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : AFAEC68F2EC1745EEBF7

Amount of Each Receipt this Period

300.00

C. Dr. Steve R. Feller
Full Name (Last, First, Middle Initial)

Mailing Address 7507 Custer Rd. W.

City Tacoma	State WA	Zip Code 98499
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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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : A62A024C98C9E40D7AB9

Amount of Each Receipt this Period

50.00

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 11 OF 24
<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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Frederick		Date of Receipt
Mailing Address 30005 Forest Dr.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y 08 / 15 / 2015
City State Zip Code Franklin MI 48025		Transaction ID : A7AEBB791555E4A819BF
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1300.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Frimmel		Date of Receipt
Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y 08 / 17 / 2015
City State Zip Code Sarasota FL 34239		Transaction ID : AD187E0C9AB8C4817958
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 30.00
Name of Employer Sarasota Footcare Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

Full Name (Last, First, Middle Initial) C. Dr. Jay C. Goldstein		Date of Receipt
Mailing Address 2222 N.W. Lovejoy St. #510		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y 08 / 13 / 2015
City State Zip Code Portland OR 97210		Transaction ID : AC78BDF29358246BF823
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 1630.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 24
	(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 1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605

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 ▼ **1100.00**

Date of Receipt **08 / 24 / 2015**

Transaction ID : A391DEAD30BDF42D4861

Amount of Each Receipt this Period **100.00**

B. Dr. Thomasin Kelly Hammer
Full Name (Last, First, Middle Initial)

Mailing Address Family Foot Center 526 N. Mullan Rd.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 07 / 2015**

Transaction ID : AF76C114F28CC47DA8E8

Amount of Each Receipt this Period **250.00**

C. Dr. Philip Wayne Holloway
Full Name (Last, First, Middle Initial)

Mailing Address 727 E. Court St.

City Paris State IL Zip Code 61944

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 24 / 2015**

Transaction ID : A738B3FA7B0E04570A7D

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **400.00**

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 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Joseph M. Hughes

Full Name (Last, First, Middle Initial)
A. Dr. Joseph M. Hughes

Mailing Address Los Alamitos Foot Center
10961 Cherry St.

City Los Alamitos State CA Zip Code 90720

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

Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : A63D20954E27B474DADC

Amount of Each Receipt this Period
50.00

B. Dr. Joseph M. Hughes

Full Name (Last, First, Middle Initial)
B. Dr. Joseph M. Hughes

Mailing Address Los Alamitos Foot Center
10961 Cherry St.

City Los Alamitos State CA Zip Code 90720

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

Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015

Transaction ID : A70EABB966C1A4A099F7

Amount of Each Receipt this Period
50.00

C. Dr. Timothy J. Hulst

Full Name (Last, First, Middle Initial)
C. Dr. Timothy J. Hulst

Mailing Address Foot & Ankle Specialists of W. MI
4540 Kalamazoo Ave. S.E.

City Kentwood State MI Zip Code 49508

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

Name of Employer Foot & Ankle Specialists of W. MI 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
 08 / 27 / 2015

Transaction ID : A4AD6C619189D405B8CF

Amount of Each Receipt this Period
800.00

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 14 OF 24
	<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. Syed Khalid Husain

Full Name (Last, First, Middle Initial)
Mailing Address **Midwest Foot & Ankle Clinics**
880 W. Central Rd. #3500

City **Arlington Heights** State **IL** Zip Code **60005**

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

Name of Employer **Midwest Foot & Ankle Clinics** 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
08 / 11 / 2015

Transaction ID : A973044B6B3C74EFF9C1

Amount of Each Receipt this Period
500.00

B. Dr. Lyndon G. Johansen

Full Name (Last, First, Middle Initial)
Mailing Address **12658 S.E. Stark St.**

City **Portland** State **OR** Zip Code **97233**

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
08 / 07 / 2015

Transaction ID : A9905028D2AD7423A8E1

Amount of Each Receipt this Period
300.00

C. Dr. George Michael Johnson Jr.

Full Name (Last, First, Middle Initial)
Mailing Address **Medical Center Podiatry, P.C.**
P.O. Box 8407

City **Mobile** State **AL** Zip Code **36689**

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

Name of Employer **Medical Center Podiatry, P.C.** 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
08 / 03 / 2015

Transaction ID : A4F797854C5E14B96B8D

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
<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. Grayden W. King
Full Name (Last, First, Middle Initial)

Mailing Address **Gresham Podiatry Center**
831 N.W. Council Dr. #203

City **Gresham** State **OR** Zip Code **97030-3723**

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

Name of Employer **Gresham Podiatry Center** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
08 / 07 / 2015

Transaction ID : A367832FB4053464BB78

Amount of Each Receipt this Period
300.00

B. Dr. David R. Kirlin
Full Name (Last, First, Middle Initial)

Mailing Address **Gaston Foot & Ankle Associates**
251 Wilmot Dr.

City **Gastonia** State **NC** Zip Code **28054**

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

Name of Employer **Gaston Foot & Ankle Associates** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
08 / 31 / 2015

Transaction ID : AD0F57B9C224841B284A

Amount of Each Receipt this Period
125.00

C. Dr. Joan M. Koewler
Full Name (Last, First, Middle Initial)

Mailing Address **4157 Clark Rd.**

City **Sarasota** State **FL** Zip Code **34233**

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
08 / 13 / 2015

Transaction ID : A04820DA2B1984E01BF5

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **725.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<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. Bruce Kramer
Full Name (Last, First, Middle Initial)

Mailing Address 151 N. Orlando Ave. #110

City Winter Park	State FL	Zip Code 32789
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2015

Transaction ID : AFA2C30F98B6E47A0BD0

Amount of Each Receipt this Period

150.00

B. Dr. Clark C. Larsen
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Fashion Blvd. #120

City Salt Lake City	State UT	Zip Code 84107
------------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

Transaction ID : A325EA382258A415D811

Amount of Each Receipt this Period

50.00

C. Dr. Steven H. Lin
Full Name (Last, First, Middle Initial)

Mailing Address Alexandria Family Podiatry
2843 Duke St.

City Alexandria	State VA	Zip Code 22314
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2015

Transaction ID : A27D080029E124D1CAF0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....	500.00
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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Anthony M. Lombardo

Full Name (Last, First, Middle Initial)
Mailing Address Ankle & Foot Specialists of St. Lo
12255 DePaul Dr. #470

City Bridgeton State MO Zip Code 63044

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

Name of Employer Bridgeton Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 28 / 2015
Transaction ID : AE5249C8D0BE541B99FB

Amount of Each Receipt this Period
300.00

B. Dr. Bryan C. Markinson

Full Name (Last, First, Middle Initial)
Mailing Address Center for Advanced Medicine
17 E. 102nd St. 4th Flr.

City New York State NY Zip Code 10029

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

Name of Employer Mount Sinai School of Medicine Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 18 / 2015
Transaction ID : A75E5CE407D5C486D804

Amount of Each Receipt this Period
300.00

C. Dr. Terrol Duane Marshall

Full Name (Last, First, Middle Initial)
Mailing Address Blue Mountain Foot Specialists
714 S.W. Dorion Ave.

City Pendleton State OR Zip Code 97801

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 07 / 2015
Transaction ID : A3243574268024AFB80C

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 18 OF 24
	<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. Thomas Charles Melillo
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Foot & Ankle Specialists
 9900 S.W. Hall Blvd. #100
 City Tigard State OR Zip Code 97223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westside Podiatry 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
 08 / 07 / 2015
Transaction ID : A8FB1FEF6B4B44FB9B05
 Amount of Each Receipt this Period
 500.00

B. Dr. Joan M. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1147 E. Grand Ave.
 City Escondido State CA Zip Code 92025
 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
 08 / 24 / 2015
Transaction ID : A22957739725A464E9D8
 Amount of Each Receipt this Period
 500.00

C. Dr. Darrell Duane Prins
 Full Name (Last, First, Middle Initial)
 Mailing Address Lincoln County Foot Health Center
 3011 N.E. West Devils Lake Rd.
 City Lincoln City State OR Zip Code 97367-5131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln County Foot Health Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : A72395D4D28394D8DAFB
 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 19 OF 24
<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. Jason W. Rockwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Associates, Inc.
 2019 Galisteo St. #K
 City Santa Fe State NM Zip Code 87505
 Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 24 / 2015
Transaction ID : A24B08FE89502485BB8F
 Amount of Each Receipt this Period 50.00

B. Dr. Craig S. Schein
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Summer St.
 City Saint Johnsbury State VT Zip Code 05819
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 27 / 2015
Transaction ID : A29A0A8D80A1B4B708DA
 Amount of Each Receipt this Period 300.00

C. Dr. Jodie Noll Sengstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 49450 Hudson Dr.
 City Canton State MI Zip Code 48188
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2015
Transaction ID : AE3E185984EA54CD2B8F
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<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. Mary T. Sheriff
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Elysian Fields Ave.

City New Orleans	State LA	Zip Code 70122
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2015

Transaction ID : A05A4889A04984EA485F

Amount of Each Receipt this Period

300.00

B. Dr. Christopher T. Sloan
Full Name (Last, First, Middle Initial)

Mailing Address 606 Maple Valley Dr.

City Farmington	State MO	Zip Code 63640
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : A08051FFB4C7144CD8F3

Amount of Each Receipt this Period

300.00

c. Dr. Carolyn Kay Stansberry
Full Name (Last, First, Middle Initial)

Mailing Address Queen City Regional Medical Ctr.
1420 N. 10th St.

City Spearfish	State SD	Zip Code 57783
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FEC ID number of contributing federal political committee. **C**

Name of Employer Queen City Medical Center	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : A4A4234555EB54160A26

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 24
	<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. Marisha I. Stawiski

Full Name (Last, First, Middle Initial)

Mailing Address Spectrum Health Medical Group
4100 Lake Dr. S.E. #305

City Grand Rapids State MI Zip Code 49546

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
 08 / 11 / 2015

Transaction ID : A617C359CC91C4F499C1

Amount of Each Receipt this Period
300.00

B. Dr. Jonathan W. Strong

Full Name (Last, First, Middle Initial)

Mailing Address Jefferson City Foot & Ankle Clinic
1705 Christy Dr. #209

City Jefferson City State MO Zip Code 65101

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
 08 / 28 / 2015

Transaction ID : AD4D9E456D2D94E05918

Amount of Each Receipt this Period
100.00

C. Dr. William R. Todd

Full Name (Last, First, Middle Initial)

Mailing Address 1511 Clement St.

City San Francisco State CA Zip Code 94118

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 ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : A877F466900294F05AF1

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 24
	<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. Leonard E. Vekkos
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Wellness Ctr At 7 Bri
 3540 Seven Bridges Dr. #290
 City Woodridge State IL Zip Code 60517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Wellness Center At Seven Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 05 / 2015**
Transaction ID : A08D37D2ABF8E42B8AFE
 Amount of Each Receipt this Period **300.00**

B. Dr. Gary S. Wallach
 Full Name (Last, First, Middle Initial)
 Mailing Address Coral Ridge Podiatry
 2737 E. Oakland Park Blvd.
 City Fort Lauderdale State FL Zip Code 33306-1641
 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 **08 / 06 / 2015**
Transaction ID : AA7D625CDEBFD4E789B2
 Amount of Each Receipt this Period **150.00**

C. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Foot & Ankle Center
 P.O. Box 98209
 City Raleigh State NC Zip Code 27624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2015**
Transaction ID : ABA18374C7E8E41598A1
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 23 OF 24
(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. Full Name (Last, First, Middle Initial)
Dr. Walter Zelasko

Mailing Address Foot & Ankle Associates of the Tri
3641 Westgate Center Cir. #A

City Winston Salem State NC Zip Code 27103

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

Name of Employer Foot And Ankle Associates of the Triad Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
MM / DD / YYYY
08 / 03 / 2015

Transaction ID : A694A4CF076944B1489E

Amount of Each Receipt this Period
300.00

B. 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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	14430.00

**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. Leadership Today and Tomorrow PAC

Mailing Address 9869 Easton Drive

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Becerra LPAC donation 2015

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : B93C6962707CD49288C3

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address 309 N Baldwin St

City Madison State WI Zip Code 53703

Purpose of Disbursement

Candidate Name

Rep. Mark Pocan

Office Sought: House Senate President

State: WI District: 02

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : B3296CC7DF98847128AB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

6000.00

6000.00