

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 (M2) [checked], May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on MM/DD/YYYY in the State of. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on MM/DD/YYYY in the State of.

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

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 02/21/2015

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**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"/>		<input type="text" value="311185.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="311185.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="48113.00"/>	<input type="text" value="48113.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="359298.85"/>	<input type="text" value="359298.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60000.00"/>	<input type="text" value="60000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="299298.85"/>	<input type="text" value="299298.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38206.00	38206.00
(ii) Unitemized	9907.00	9907.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48113.00	48113.00
(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)	48113.00	48113.00
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))..... ▶	48113.00	48113.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48113.00	48113.00

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48113.00	48113.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48113.00	48113.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Glenn B. Gastwirth
 Full Name (Last, First, Middle Initial)
 Mailing Address 9312 Old Georgetown Rd
 City Bethesda State MD Zip Code 20814-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association 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
 01 / 02 / 2015
Transaction ID : A65705080FB24401FBCB
 Amount of Each Receipt this Period
 1000.00

B. Dr. Mark E. Reiner
 Full Name (Last, First, Middle Initial)
 Mailing Address The Podiatry Group/The Foot Doctor
 637 E. Matthews Ave.
 City Jonesboro State AR Zip Code 72401-3145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2015
Transaction ID : A198DA109523345248D2
 Amount of Each Receipt this Period
 1001.00

C. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 S. Washington Ave.
 City Royal Oak State MI Zip Code 48067-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2015
Transaction ID : A682205021937425D9AC
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2501.00
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 29
	<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. Matthew G. Garoufalis
 Full Name (Last, First, Middle Initial)
 Mailing Address Professional Foot Care Specialists
 5241 S. Cicero Ave.
 City Chicago State IL Zip Code 60632-4967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 10 / 2015**
Transaction ID : A4108CC27B763460AB5D
 Amount of Each Receipt this Period **1000.00**

B. Dr. Eric Arp
 Full Name (Last, First, Middle Initial)
 Mailing Address ARP Foot & Ankle Clinic, P.A.
 801 S. College St.
 City Mountain Home State AR Zip Code 72653-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARP Foot & Ankle Clinic, P.A. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 12 / 2015**
Transaction ID : A5CEB4954D6CE4FC7B3E
 Amount of Each Receipt this Period **500.00**

C. Dr. Frank A. Spinosa
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1023
 City Shelter Island State NY Zip Code 11964-1023
 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 **01 / 15 / 2015**
Transaction ID : ACEC942B9FB3644FC9E2
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<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. Tad Fennar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 W. 6th St. #2
 City San Pedro State CA Zip Code 90732-3531
 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
 01 / 16 / 2015
Transaction ID : A077860E8A62047F3ADA
 Amount of Each Receipt this Period
300.00

B. Dr. Andrew Brian Green
 Full Name (Last, First, Middle Initial)
 Mailing Address Atlantic Podiatry Associates
 1890 LPGA Blvd. #230
 City Daytona Beach State FL Zip Code 32117-2819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Podiatry 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
 01 / 16 / 2015
Transaction ID : A090311AE46F54EFDA4A
 Amount of Each Receipt this Period
250.00

C. Dr. Richard A. Bellacosa
 Full Name (Last, First, Middle Initial)
 Mailing Address San Antonio Podiatry Associates
 14615 San Pedro #160
 City San Antonio State TX Zip Code 78232-4364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Antonio Podiatry Associates 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
 01 / 18 / 2015
Transaction ID : AACBB7217941649BF945
 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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Albuquerque State NM Zip Code 87122-3125

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

Name of Employer Podiatry Associates of NM Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 18 / 2015
Transaction ID : **A7379CFDEB5F84CCDA1E**

Amount of Each Receipt this Period
1000.00

B. Dr. G. Gregg Neibauer
Full Name (Last, First, Middle Initial)

Mailing Address Alpine Foot & Ankle Clinic
1845 Bancroft St.

City Missoula State MT Zip Code 59801-5747

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

Name of Employer Alpine Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 20 / 2015
Transaction ID : **AE3A84D3723F54B55BDC**

Amount of Each Receipt this Period
500.00

C. Dr. Gary A. Raymond
Full Name (Last, First, Middle Initial)

Mailing Address 711 Logan Blvd.

City Altoona State PA Zip Code 16602-4165

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
01 / 20 / 2015
Transaction ID : **A327C0E50D1A14844B71**

Amount of Each Receipt this Period
500.00

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 10 OF 29
	<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. John E. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Care Center
 6317 Sealawn Dr.
 City Spring Hill State FL Zip Code 34607-2638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Care 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
 01 / 21 / 2015
Transaction ID : A3D076DE7E55B4EB8BF2
 Amount of Each Receipt this Period
300.00

B. Dr. Thomas P. Broner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1354 Pinewood Rd.
 City Jacksonville Beach State FL Zip Code 32250-2931
 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
 01 / 21 / 2015
Transaction ID : ACEBA95A37778417C89A
 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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : AE6D78F71CE3741BBA04
 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 11 OF 29
	<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. Albert R. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 5714 Guava Dr.

City Tamarac State FL Zip Code 33319-3018

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 01 / 21 / 2015
Transaction ID : A5BC8682930464BD2A95

Amount of Each Receipt this Period 1000.00

B. Dr. Ruth Ann Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Aicholtz Rd. #200

City Cincinnati State OH Zip Code 45245-1506

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 ▼ 2500.00

Date of Receipt 01 / 21 / 2015
Transaction ID : A62D676E0FDB24190911

Amount of Each Receipt this Period 2500.00

C. Mr. Michael Q. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 757 Poplar Church Rd.

City Camp Hill State PA Zip Code 17011-2314

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

Name of Employer Pennsylvania Podiatric Medical Assoc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt 01 / 21 / 2015
Transaction ID : A8EF96998999C4648859

Amount of Each Receipt this Period 301.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3801.00

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 29
	<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 Paul Dunne

Full Name (Last, First, Middle Initial)
Mailing Address Lake Washington Foot & Ankle
2717 N. Wickham Rd. #4

City Melbourne State FL Zip Code 32935

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

Name of Employer Lake Washington Foot & Ankle Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 21 / 2015
Transaction ID : A101E44C4DAFA4B62887

Amount of Each Receipt this Period
250.00

B. Dr. W. Christopher Fleming

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 770665

City Ocala State FL Zip Code 34477-0665

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
01 / 21 / 2015
Transaction ID : A012A4546BD9F4AC9A01

Amount of Each Receipt this Period
500.00

C. Dr. Dennis R. Frisch

Full Name (Last, First, Middle Initial)
Mailing Address Boca Raton Podiatry
950 Glades Rd. #2A

City Boca Raton State FL Zip Code 33431-6401

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

Name of Employer Boca Raton Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 21 / 2015
Transaction ID : AB72B428A6B59414E856

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 29
	<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. Roberta Giudice-Teller		Date of Receipt
Mailing Address 1010 N.W. 6th St.		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Gainesville	FL	32601-4249
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ADFB7FFAAB4E64A4CB01
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Barney A. Greenberg		Date of Receipt
Mailing Address Podiatry Associates 2651 Hollywood Blvd.		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Hollywood	FL	33020-4840
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ACF90D309155548FAB45
Name of Employer	Occupation	Amount of Each Receipt this Period
Podiatry Associates	Podiatric Physician	<input type="text" value="1250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1250.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Scarlett Ann Kinley		Date of Receipt
Mailing Address Bay Area Foot & Ankle 321 Lincoln Ave. S.		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Clearwater	FL	33756-5823
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD08D95A259DC489791B
Name of Employer	Occupation	Amount of Each Receipt this Period
Bay Area Foot & Ankle	Podiatric Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 29
	<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. Jeff Daniel Kopelman
 Full Name (Last, First, Middle Initial)
 Mailing Address Jeff D. Kopelman, DPM, P.A.
 4423 Central Ave.
 City Saint Petersburg State FL Zip Code 33713-8232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jeff D. Kopelman, DPM, P.A. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 21 / 2015**
Transaction ID : A4DECE2C9592049DBA94
 Amount of Each Receipt this Period **300.00**

B. Dr. Stephen M. Meritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 W. 8th St.
 City Jacksonville State FL Zip Code 32206-4332
 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 **01 / 21 / 2015**
Transaction ID : A87F2614A0FC94B21A85
 Amount of Each Receipt this Period **500.00**

C. Dr. Joseph H. Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 2nd Ave. N.
 City Saint Petersburg State FL Zip Code 33701-3323
 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 **01 / 21 / 2015**
Transaction ID : AFC151D0C12AF41C486B
 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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Andre M. Williams		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 Transaction ID : AC46A163D64DE41B0B77
Mailing Address Foot & Ankle Centers of Charlotte 352 Milus St.		Amount of Each Receipt this Period 300.00
City Punta Gorda	State FL	Zip Code 33950-4552
FEC ID number of contributing federal political committee. C		
Name of Employer Foot & Ankle Centers of Charlotte Coun	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. Arlo H. Yaege		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 Transaction ID : A7079528C2E3B4AEB917
Mailing Address Foot & Ankle Centers of Charlotte 352 Milus St.		Amount of Each Receipt this Period 300.00
City Punta Gorda	State FL	Zip Code 33950
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. Michael A. Conway		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 Transaction ID : A8880DFA45E7B46BF8FB
Mailing Address Massapequa Foot Care 892 N. Broadway		Amount of Each Receipt this Period 1000.00
City North Massapequa	State NY	Zip Code 11758-2352
FEC ID number of contributing federal political committee. C		
Name of Employer Massapequa Foot Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<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. Patrick A. DeHeer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1159 W. Jefferson St. #204
 City Franklin State IN Zip Code 46131-2795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoosier Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 22 / 2015
Transaction ID : A5F0905B0F96F4F55818
 Amount of Each Receipt this Period 2500.00

B. Dr. Michael J. Hriljac
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 McClintock Dr. #340
 City Burr Ridge State IL Zip Code 60527-0853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Podiatric Medical Assn. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2015
Transaction ID : AE8B99EEB020640C8BC1
 Amount of Each Receipt this Period 300.00

C. Dr. William N. McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address Pillsbury Medical Bldg. 248 Pleasant St. #203
 City Concord State NH Zip Code 03301-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pillsbury Medical Bldg. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 23 / 2015
Transaction ID : A29F319A755034C1B82A
 Amount of Each Receipt this Period 550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3350.00
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 29
	<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. Mark E. Reiner
Full Name (Last, First, Middle Initial)

Mailing Address The Podiatry Group/The Foot Doctor
637 E. Matthews Ave.

City Jonesboro State AR Zip Code 72401-3145

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1555.00

Date of Receipt 01 / 24 / 2015
Transaction ID : A3157DA9D5E034962A6F

Amount of Each Receipt this Period 554.00

B. Dr. Thomas A. Berens
Full Name (Last, First, Middle Initial)

Mailing Address Gainesville Podiatry Associates
915 N.W. 56th Ter.

City Gainesville State FL Zip Code 32605-6408

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2015
Transaction ID : A52163C7F0C184264ACA

Amount of Each Receipt this Period 300.00

C. Dr. Mark S. Block
Full Name (Last, First, Middle Initial)

Mailing Address 660 Glades Rd. #120

City Boca Raton State FL Zip Code 33431-6466

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 01 / 26 / 2015
Transaction ID : ADE17AB5B6DB7496BB6A

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1354.00

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 29
	<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. Edward Daly
Full Name (Last, First, Middle Initial)

Mailing Address Citrus Podiatry Center, P.A.
P.O. Box 1120

City Lecanto State FL Zip Code 34460-1120

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

Name of Employer Citrus Podiatry Center, P.A. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 26 / 2015
Transaction ID : A74FC9E31B35E41AFB2C

Amount of Each Receipt this Period
300.00

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

Mailing Address 212 Gulf Dr.

City Venice State FL Zip Code 34285-3712

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
01 / 26 / 2015
Transaction ID : A982CB10CF5494C09A19

Amount of Each Receipt this Period
300.00

C. Dr. John R. Heiser
Full Name (Last, First, Middle Initial)

Mailing Address Gainesville Podiatry Associates
915 N.W. 56th Ter.

City Gainesville State FL Zip Code 32605-6408

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 26 / 2015
Transaction ID : A2B7B294F33EB448FAD7

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 19 OF 29
	<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 E. Kiefer
Full Name (Last, First, Middle Initial)

Mailing Address Gulf Coast Podiatry
1851 N. 9th Ave.

City Pensacola State FL Zip Code 32503-5201

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

Name of Employer Gulf Coast Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 26 / 2015
Transaction ID : **AF645544CD9A345E4A31**

Amount of Each Receipt this Period
300.00

B. Dr. Elliott S. Lampert
Full Name (Last, First, Middle Initial)

Mailing Address 1437 S.W. 1st St.

City Miami State FL Zip Code 33135-2202

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
01 / 26 / 2015
Transaction ID : **ACDCDD388838E4955A2B**

Amount of Each Receipt this Period
300.00

C. Dr. Ryan J. Pereira
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Plantation Island Dr. #203A

City Saint Augustine State FL Zip Code 32080-3111

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
01 / 26 / 2015
Transaction ID : **AF2605FDA6C304054B55**

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 20 OF 29
	<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. Ross E. Taubman

Full Name (Last, First, Middle Initial)

Mailing Address Podiatry Insurance Company of Amer
3000 Meridian Blvd. #400

City Franklin State TN Zip Code 37067-9900

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

Name of Employer Podiatric Insurance Company of America Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2015

Transaction ID : A3D67237371DC428E958

Amount of Each Receipt this Period 1000.00

B. Dr. Timothy Tillo

Full Name (Last, First, Middle Initial)

Mailing Address 12276 San Jose Blvd. #606

City Jacksonville State FL Zip Code 32223-8672

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 01 / 26 / 2015

Transaction ID : AE8C043B649CC495C960

Amount of Each Receipt this Period 300.00

C. Dr. Samir S. Vakil

Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Centers of Charlotte
352 Milus St.

City Punta Gorda State FL Zip Code 33950-4552

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

Name of Employer Foot & Ankle Centers of Charlotte Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2015

Transaction ID : ADD481BAB26434AC3A30

Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
	<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. Maria A. Branca
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Midland Ave.
 City Yonkers State NY Zip Code 10704-1092
 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
 01 / 27 / 2015
Transaction ID : A482331EC995D4A9A832
 Amount of Each Receipt this Period
 500.00

B. Dr. Evelyn M. Cloud IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 8211 Mar Del Plata St. E.
 City Jacksonville State FL Zip Code 32256-7349
 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
 01 / 27 / 2015
Transaction ID : AAD40AE8195B148F6940
 Amount of Each Receipt this Period
 500.00

C. Dr. Mitchell A. Cooperman
 Full Name (Last, First, Middle Initial)
 Mailing Address 346 S. Oyster Bay Rd.
 City Syosset State NY Zip Code 11791-6912
 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
 01 / 27 / 2015
Transaction ID : AD3D41A63E6734B49B16
 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 22 OF 29
	<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. Vanessa M. Darmochwal		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 Transaction ID : A17C9BAD420C84D248BA
Mailing Address 15 Hasbrouck Ave.		Amount of Each Receipt this Period 300.00
City Highland	State NY	Zip Code 12528-1728
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. R. Daniel Davis		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 Transaction ID : A18F31C8CFF5F4A128E4
Mailing Address 450 Clement Ln.		Amount of Each Receipt this Period 1000.00
City Orange	State CT	Zip Code 06477-2803
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Freddie L. Edelman		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 Transaction ID : A778A1DA4372C410EB7D
Mailing Address Podiatry Services of Central NY 514 S. Bay Rd.		Amount of Each Receipt this Period 500.00
City North Syracuse	State NY	Zip Code 13212-3627
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatry Services of Central NY	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 23 OF 29
	<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. Bradley Charles Haves
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 N.W. 14th Ave.
 City Miami State FL Zip Code 33125-1619
 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 **01 / 27 / 2015**
Transaction ID : A8BE86E8240724BF5A0E
 Amount of Each Receipt this Period **300.00**

B. Dr. Ronald D. Jensen
 Full Name (Last, First, Middle Initial)
 Mailing Address Sutter Gould Medical Foundation
 600 Coffee Rd.
 City Modesto State CA Zip Code 95355-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Gould Medical Foundation Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 27 / 2015**
Transaction ID : A97D4FDEC90A34CB7B40
 Amount of Each Receipt this Period **1000.00**

C. Dr. Alvin J. Kanegis
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Page Ln.
 City Westbury State NY Zip Code 11590-6213
 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 **01 / 27 / 2015**
Transaction ID : ABFDAC6AA9BF34146AA5
 Amount of Each Receipt this Period **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<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. Todd Rotwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Front St. #306
 City Hempstead State NY Zip Code 11550-3601
 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
 01 / 27 / 2015
Transaction ID : AD1587B186E794184803
 Amount of Each Receipt this Period
 250.00

B. Dr. Seth A. Rubenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Spec. of the Mid-Atla 1860 Town Center Dr. #220
 City Reston State VA Zip Code 20190-5905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot and Ankle Specilaist of the Mid A Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 01 / 27 / 2015
Transaction ID : ADE9F8D7D85A74B5F970
 Amount of Each Receipt this Period
 1000.00

C. Dr. Lawrence A. Santi
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 E. 5th St.
 City Brooklyn State NY Zip Code 11218-2404
 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
 01 / 27 / 2015
Transaction ID : A37AE6C807A3A4BA9B5A
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 29
	<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. Andrew Shapiro		Date of Receipt
Mailing Address 66 W. Merrick Rd. #101		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Valley Stream	NY	11580-5707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Dr. Eric G. Walter		Date of Receipt
Mailing Address 28 Dorchester Rd.		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rockville Centre	NY	11570-2022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) C. Mr. Randy B. Cooper		Date of Receipt
Mailing Address 4415 Aicholtz Rd		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Cincinnati	OH	45245-1506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Ruth Ann Cooper, DPM	Assistant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

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

**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 29
	<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. Andrew C. Schink
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Cameo Dr.
 City Eugene State OR Zip Code 97405-5897
 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
 01 / 30 / 2015
Transaction ID : A9DA1830CEA9F4C92AB2
 Amount of Each Receipt this Period
 250.00

B. Dr. James V. Stelnicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 6543 Madison St.
 City New Port Richey State FL Zip Code 34652-1926
 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
 01 / 30 / 2015
Transaction ID : A3988614EAFDB44AEB28
 Amount of Each Receipt this Period
 500.00

C. Dr. Alan P. Bocko
 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 / D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : A779CDD71121C43D89F1
 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: PAGE 27 OF 29
(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. Frederick Samuel Mechanik

Mailing Address P.O. Box 422

City Fountain State CO Zip Code 80817-0422

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
01 / 31 / 2015

Transaction ID : A40DF56AEAD584B9C891

Amount of Each Receipt this Period
500.00

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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	38206.00

**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

A. Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address 2nd Floor
430 S. Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) Other2015

State: District:

Date of Disbursement: 01 / 30 / 2015

Transaction ID : B2BD9CC9D30E54B71BAD

Amount of Each Disbursement this Period: 15000.00

Category/Type

B. Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) Other2015

State: District:

Date of Disbursement: 01 / 30 / 2015

Transaction ID : B911B07CD2709430F868

Amount of Each Disbursement this Period: 15000.00

Category/Type

C. National Republican Congressional Committee

Full Name (Last, First, Middle Initial)

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) Other2015

State: District:

Date of Disbursement: 01 / 30 / 2015

Transaction ID : B555CBBB735774B6287D

Amount of Each Disbursement this Period: 15000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 45000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : B55348DCA740F4595826

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

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)..... ▶

15000.00

60000.00
