

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 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) 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 M M / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2015 through 05 / 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 06 / 16 / 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"/>	<input type="text" value="311185.85"/>	<input type="text" value="311185.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="482408.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23550.00"/>	<input type="text" value="259773.00"/>
(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="505958.85"/>	<input type="text" value="570958.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="79000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="491958.85"/>	<input type="text" value="491958.85"/>
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).....	16825.00	183050.00
(ii) Unitemized	6725.00	76723.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	23550.00	259773.00
(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)	23550.00	259773.00
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))..... ▶	23550.00	259773.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23550.00	259773.00

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.....	14000.00	79000.00
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)) ..	14000.00	79000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	79000.00

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)	23550.00	259773.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23550.00	259773.00
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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Johnnie L. Alston
 Full Name (Last, First, Middle Initial)
 Mailing Address Institute for Advanced Wound Care
 2167 Normandie Dr.
 City Montgomery State AL Zip Code 36111-2728
 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
 05 / 01 / 2015
Transaction ID : A78D5606CFCC44EF8903
 Amount of Each Receipt this Period
250.00

B. Dr. Chris N. Bryant
 Full Name (Last, First, Middle Initial)
 Mailing Address KY Foot Professionals
 2130 Nicholasville Rd. #1
 City Lexington State KY Zip Code 40503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bryant Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : A9736434186A54E77868
 Amount of Each Receipt this Period
300.00

C. Dr. Garry W. Neltner
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot & Ankle Center, Inc.
 7711 Ewing Blvd.
 City Florence State KY Zip Code 41022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Care Center 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
 05 / 05 / 2015
Transaction ID : A6C5CCD5651FB4EE2963
 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 7 OF 23
	<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	

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. Lawrence R. Hufford
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Main St.
 City Hamilton State OH Zip Code 45013-4717
 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
05 / 06 / 2015
Transaction ID : A2D364FB9045D4E2788C
 Amount of Each Receipt this Period
300.00

B. Dr. H. F. Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Georgia Ave.
 City Little Rock State AR Zip Code 72207-5014
 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
05 / 10 / 2015
Transaction ID : ABCA68A3F67A3430DA91
 Amount of Each Receipt this Period
50.00

C. Dr. Todd Damien O'Brien
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 W. Broadway
 City Lincoln State ME Zip Code 04457-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Access Network
 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
05 / 11 / 2015
Transaction ID : A1B19C81E89B3443389E
 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 8 OF 23
	<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	

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. Martha Jullie Ajlouny
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Podiatry Associates, P.
 530 N. Elam Ave. #A
 City Greensboro State NC Zip Code 27403-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Podiatry Associates 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
 05 / 12 / 2015
Transaction ID : AB4A927CD7B414E93BA8
 Amount of Each Receipt this Period
 500.00

B. Dr. Terrence Klamet
 Full Name (Last, First, Middle Initial)
 Mailing Address MO Foot Care Centers, Inc.
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : A54A5A29F3D314975B65
 Amount of Each Receipt this Period
 500.00

C. Dr. Michael Morrill
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot Care
 2692 Richmond Rd. #100
 City Lexington State KY Zip Code 40509-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Care 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
 05 / 12 / 2015
Transaction ID : ACB31898A4A1B4EEC913
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 23
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Bruce A. Scudday
Full Name (Last, First, Middle Initial)
Mailing Address 1700 Curie Dr. #4000

City El Paso	State TX	Zip Code 79902-2977
-----------------	-------------	------------------------

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
05 / 12 / 2015
Transaction ID : A1045D4FDD0ED43E2AF3

Amount of Each Receipt this Period
500.00

B. Dr. Gregory A. Worley
Full Name (Last, First, Middle Initial)
Mailing Address Northern KY Foot Specialists
7370 Turfway Rd. #320

City Florence	State KY	Zip Code 41042
------------------	-------------	-------------------

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

Name of Employer Northern KY Foot Specialists	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 12 / 2015
Transaction ID : A679A243DBCEE4F92973

Amount of Each Receipt this Period
300.00

C. Dr. Howard Evan Kashefsky
Full Name (Last, First, Middle Initial)
Mailing Address 2 Spring Dell Ln.

City Chapel Hill	State NC	Zip Code 27517-4916
---------------------	-------------	------------------------

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
05 / 15 / 2015
Transaction ID : A1C5B9F66BBEF401FB90

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 10 OF 23
	<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	

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. David R. Kirlin
 Full Name (Last, First, Middle Initial)
 Mailing Address Gaston Foot & Ankle Associates
 251 Wilmot Dr.
 City Gastonia State NC Zip Code 28054-4048
 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 **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A1B981EABBC454305B6D
 Amount of Each Receipt this Period
125.00

B. Dr. Joseph M. Caporusso
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 E. Yellowhammer Ave.
 City McAllen State TX Zip Code 78504-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Complete Family Foot Care 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
05 / 16 / 2015
Transaction ID : A967BEBF99CF343F5B17
 Amount of Each Receipt this Period
300.00

C. Dr. Aaron Jay Fritzhand
 Full Name (Last, First, Middle Initial)
 Mailing Address Centers for Foot & Ankle Care
 10475 Reading Rd. #304
 City Cincinnati State OH Zip Code 45241
 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
05 / 21 / 2015
Transaction ID : AB7924047C6164FD2BB9
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	925.00
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 23
<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

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. Jack A. Koch
Full Name (Last, First, Middle Initial)

Mailing Address 2937 Cardamon Ln.

City Fullerton State CA Zip Code 92835-4307

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
05 / 21 / 2015
Transaction ID : A17FC1A6911E54378B67

Amount of Each Receipt this Period
500.00

B. Dr. James Mark Bruyn
Full Name (Last, First, Middle Initial)

Mailing Address Beaumont Foot Specialists
450 N. 11th St.

City Beaumont State TX Zip Code 77702-1804

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

Name of Employer Beaumont Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 22 / 2015
Transaction ID : A9D5F6D46B36348EC97D

Amount of Each Receipt this Period
500.00

C. Dr. Daniel C. Duffy
Full Name (Last, First, Middle Initial)

Mailing Address 1740 Cooper Foster Park Rd.

City Lorain State OH Zip Code 44053-4201

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
05 / 22 / 2015
Transaction ID : AA5DBAB70BBDE40BC85I

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 12 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 680 Harrison St.

City Emmaus State PA Zip Code 18049-2229

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 05 / 22 / 2015
Transaction ID : A0B378CE6F9234C4FBDE

Amount of Each Receipt this Period 150.00

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

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

City Chicago State IL Zip Code 60617-2740

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 05 / 22 / 2015
Transaction ID : A32B0C31A2B4340A4B75

Amount of Each Receipt this Period 625.00

C. 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 ▼ 500.00

Date of Receipt 05 / 25 / 2015
Transaction ID : A959F73B3E1D548B6908

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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 23
	<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	

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. Steve R. Feller
 Full Name (Last, First, Middle Initial)
 Mailing Address 7507 Custer Rd. W.
 City Tacoma State WA Zip Code 98499-8138
 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
 05 / 25 / 2015
Transaction ID : A6649172ADF784DDEBA0
 Amount of Each Receipt this Period
 50.00

B. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maidstone Dr.
 City Lake Charles State LA Zip Code 70605-4033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : AAA69A264CDEE4B9BA22
 Amount of Each Receipt this Period
 100.00

C. Dr. Philip Wayne Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 E. Court St.
 City Paris State IL Zip Code 61944-2460
 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
 05 / 25 / 2015
Transaction ID : A2897F93A4425460ABC6
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 23
	<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	

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. 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 87505-2159
 Name of Employer Glacier Foot & Ankle Associates 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
 05 / 25 / 2015
Transaction ID : A9C307A9FDEDE54B04A34
 Amount of Each Receipt this Period
 50.00

B. Dr. Holly A. Spohn-Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 6425 Lynch Canyon Dr.
 City Lake Isabella State CA Zip Code 93240-9726
 Name of Employer Rural Health Clinic/Kern Valley Hosp. 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
 05 / 25 / 2015
Transaction ID : AF6AC15B92CCE4B6DAA4
 Amount of Each Receipt this Period
 50.00

C. Dr. William R. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1511 Clement St.
 City San Francisco State CA Zip Code 94118-1031
 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
 05 / 25 / 2015
Transaction ID : A7BA6C6B5F2D04832A63
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 23
<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

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. 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 27624-8209
 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 **250.00**

Date of Receipt **05 / 25 / 2015**
Transaction ID : AB6CDA2E37DF34D1DB79
 Amount of Each Receipt this Period **500.00**

B. Dr. William Cabell Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Epic Way #439
 City San Jose State CA Zip Code 95134-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palo Alto Medical Foundation Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 26 / 2015**
Transaction ID : A2CE6D093B6BF435197C
 Amount of Each Receipt this Period **300.00**

C. Dr. Jaclyn J. Bohm
 Full Name (Last, First, Middle Initial)
 Mailing Address Fairview Rosemount Clinic
 15075 Cinarron Ave.
 City Rosemount State MN Zip Code 55068
 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 **05 / 29 / 2015**
Transaction ID : A1A5632B335584E4EB1F
 Amount of Each Receipt this Period **150.00**

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 16 OF 23
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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 P. Chapel
 Full Name (Last, First, Middle Initial)
 Mailing Address 12084 Cortez Blvd.
 City Brooksville State FL Zip Code 34613-7371
 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 **05 / 29 / 2015**
Transaction ID : A9A564821758B4AD8B06
 Amount of Each Receipt this Period **150.00**

B. Dr. Roland A. Palmquist
 Full Name (Last, First, Middle Initial)
 Mailing Address Parker Indian Health Center
 12033 Agency Rd.
 City Parker State AZ Zip Code 85344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parker Indian Health Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **05 / 29 / 2015**
Transaction ID : A742196CB83E34F16A02
 Amount of Each Receipt this Period **2500.00**

C. Dr. Lilly Shimahara
 Full Name (Last, First, Middle Initial)
 Mailing Address 8958 Riverside Dr.
 City Parker State AZ Zip Code 85344-8088
 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 **05 / 29 / 2015**
Transaction ID : A2FE6C2B0A69F4EB08A1
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **5150.00**
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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Douglas M. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 San Miguel Dr. #30
 City Walnut Creek State CA Zip Code 94596-5298
 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 100.00

Date of Receipt 05 / 29 / 2015
Transaction ID : ABD4D01AE04F146DA835
 Amount of Each Receipt this Period -50.00
 Refund

B. Dr. Scott Altman
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 E. 85th St. #23H
 City New York State NY Zip Code 10028-2149
 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 05 / 30 / 2015
Transaction ID : A02FC2E4B9E8D43059D4
 Amount of Each Receipt this Period 300.00

C. Dr. David B. Arkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 Maple St. #2
 City Big Flats State NY Zip Code 14814-9701
 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 05 / 30 / 2015
Transaction ID : AC8F86EA0D0B94200AA3
 Amount of Each Receipt this Period 250.00

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 18 OF 23
	(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

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

Full Name (Last, First, Middle Initial) A. Dr. Michael D. Barkin		Date of Receipt MM / DD / YYYY 05 / 30 / 2015
Mailing Address 66 W. Merrick Rd. #101		Transaction ID : AAC9AD1F734F644F6BD5
City Valley Stream	State NY	Zip Code 11580-5707
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph W. Cavuto		Date of Receipt MM / DD / YYYY 05 / 30 / 2015
Mailing Address 1575 Hillside Ave.		Transaction ID : ACBD8A3D831F84734AC8
City New Hyde Park	State NY	Zip Code 11040-2521
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Howard B. Goldsmith		Date of Receipt MM / DD / YYYY 05 / 30 / 2015
Mailing Address 41 W. 72nd St. #2D		Transaction ID : A69C047B5313B40A4A0D
City New York	State NY	Zip Code 10023-3476
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 350.00	

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:	PAGE 19 OF 23
	(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

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel B. Keating		Date of Receipt MM / DD / YYYY 05 / 30 / 2015
Mailing Address 2121 Main St. #214		Transaction ID : A3EBA2ACE97904C2297F
City Buffalo	State NY	Zip Code 14214-2693
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul J. Liswood		Date of Receipt MM / DD / YYYY 05 / 30 / 2015
Mailing Address 7212 4th Ave.		Transaction ID : AC63BD0C9D37B489585D
City Brooklyn	State NY	Zip Code 11209-2552
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce J. McLaughlin		Date of Receipt MM / DD / YYYY 05 / 30 / 2015
Mailing Address 1111 Montauk Hwy.		Transaction ID : AC313115A36E24E5CA73
City West Islip	State NY	Zip Code 11795-4910
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 20 OF 23
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Full Name (Last, First, Middle Initial)
Dr. Rosanna Troia

Mailing Address 41 W. 72nd St. #1A

City New York	State NY	Zip Code 10023-3476
------------------	-------------	------------------------

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

Name of Employer Foot and Ankle Medical Care, P.C.	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	30	/	2015

Transaction ID : A46227A5CC6A489CA59

Amount of Each Receipt this Period

100.00

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	16825.00

**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

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

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President

State: OH District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : B7A255274D56B4D95958

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Freedom Project, The

Mailing Address 509 7th Street, NW
Third Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Rep. Boehner Leadership PAC Donation 2015

Candidate Name

Office Sought: House
 Senate
 President

State: District:

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

Transaction ID : B8BCF1CF894A64068B3C

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

Rep. John A. Boehner

Office Sought: House
 Senate
 President

State: OH District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

Transaction ID : BA633FE2D8CE74E4BA8A

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**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

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

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102-9639

Purpose of Disbursement

Candidate Name

Rep. Brett Guthrie

Office Sought: House Senate President

State: KY District: 02

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : **BD4B065E88D1A4790BAE**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281-8701

Purpose of Disbursement

Candidate Name

Rep. Jim B. Renacci

Office Sought: House Senate President

State: OH District: 16

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : **B58717A52A02546268F5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Rep. Jan D. Schakowsky

Office Sought: House Senate President

State: IL District: 09

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : **BF4BD1199709D4951834**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	9							2015

Mailing Address PO Box 661

Transaction ID : BAFD3D40764384906A53

City State Zip Code
Collinsville IL 62234

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Rep. John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5000.00

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

14000.00
