



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		311185.85
(b) Cash on Hand at Beginning of Reporting Period.....	454140.85	
(c) Total Receipts (from Line 19) .....	29768.00	236223.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	483908.85	547408.85
7. Total Disbursements (from Line 31).....	1500.00	65000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	482408.85	482408.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	18758.00	166225.00
(ii) Unitemized .....	11010.00	69998.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29768.00	236223.00
(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) .....	29768.00	236223.00
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))..... ▶	29768.00	236223.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29768.00	236223.00

**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.....	1500.00	65000.00
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)) ..	1500.00	65000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	65000.00

**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) .....	29768.00	236223.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29768.00	236223.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 19
	(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) <b>A. Dr. William H. Dabdoub</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2015
Mailing Address 100 Ayshire Ct.		<b>Transaction ID : A4D02F1A9AF334F8CB50</b>
City Slidell	State LA	Zip Code 70461-5034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas R. Komp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2015
Mailing Address 2295 W. Mason St.		<b>Transaction ID : AB07EEBBEB6614407BF9</b>
City Green Bay	State WI	Zip Code 54303-4706
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) <b>C. Dr. Alyssa Kay Stephenson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2015
Mailing Address 1093 Spring Lake Dr.		<b>Transaction ID : ABD83F56FAFFE471DBF5</b>
City Fond Du Lac	State WI	Zip Code 54935-9726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Foot Clinics of WI	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. James Robert Vavra**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Associates of WI  
2835 N. Grandview Blvd. #300

City Pewaukee State WI Zip Code 53072-5591

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

Name of Employer Foot and Ankle Associates of WI Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 08 / 2015  
Transaction ID : **A269493807F424EE9A2A**

Amount of Each Receipt this Period  
250.00

**B. Dr. Jason Kendell Boudreau**  
Full Name (Last, First, Middle Initial)

Mailing Address 5415 N. Santa Monica Blvd.

City Whitefish Bay State WI Zip Code 53217-5126

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  
04 / 09 / 2015  
Transaction ID : **AC7ABAE18DE1E499EBDC**

Amount of Each Receipt this Period  
500.00

**C. Dr. Steven K. Bowen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1645 Owen Dr.

City Fayetteville State NC Zip Code 28304-3425

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  
04 / 09 / 2015  
Transaction ID : **A2B85C83FCE144342810**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<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. David B. Laha**  
Full Name (Last, First, Middle Initial)

Mailing Address Kansas City Foot Specialists, PA  
7230 W. 129th St.

City Overland Park State KS Zip Code 66213-2624

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

Name of Employer Kansas City Foot Specialists, PA Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015

**Transaction ID : AEDD5F49C0085467896E**

Amount of Each Receipt this Period  
5000.00

**B. Dr. W. Ryan Meredith IV**  
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 ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015

**Transaction ID : A24AB785A48974EDF949**

Amount of Each Receipt this Period  
500.00

**C. Dr. Michael C. Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Seagull Way

City Hubert State NC Zip Code 28539-4520

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  
04 / 09 / 2015

**Transaction ID : AA32172072DBB4C51A8B**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<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. Marc R. Bernbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Waterbury Podiatry Consultants  
 171 Grandview Ave. #104  
 City Waterbury State CT Zip Code 06708-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Waterbury Podiatry Consultants 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  
 04 / 11 / 2015  
**Transaction ID : ABC7E5FE68F1246B3A77**  
 Amount of Each Receipt this Period  
**300.00**

**B. Dr. Peter A. Blume**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Blume Pod. Group/Aff. Foot Surgeon  
 508 Blake St.  
 City New Haven State CT Zip Code 06515-1287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blume Pod. Group/Aff. Foot Surgeons 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  
 04 / 11 / 2015  
**Transaction ID : ABADF95EE6794E32BE2**  
 Amount of Each Receipt this Period  
**300.00**

**C. Dr. James H. Blume**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 508 Blake St.  
 City New Haven State CT Zip Code 06515-1287  
 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  
 04 / 11 / 2015  
**Transaction ID : A291FC5E3549C4419BAE**  
 Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<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. Betty M. Carreira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21A Purcell Dr.  
 City Danbury State CT Zip Code 06810-7024  
 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  
 04 / 11 / 2015  
**Transaction ID : AF25CCE24BEC447BC837**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Leo M. Veleas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 N. Main St.  
 City Southington State CT Zip Code 06489-2525  
 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  
 04 / 11 / 2015  
**Transaction ID : A1E9C32ABCE874E33AAD**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Vincent J. Hetherington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21948 Shagbark Trl.  
 City Strongsville State OH Zip Code 44149-2280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kent State University College of Pod.  
 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  
 04 / 13 / 2015  
**Transaction ID : A135A188A5914495C804**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Anthony Poggio**  
Full Name (Last, First, Middle Initial)

Mailing Address 2059 Clinton Ave.

City Alameda State CA Zip Code 94501-4379

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  
04 / 14 / 2015  
**Transaction ID : A3C2C660C00CA40599CC**

Amount of Each Receipt this Period  
250.00

**B. Dr. Travis Jason Zimbelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 607 Linden Ln.

City Prattville State AL Zip Code 36066-7366

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  
04 / 20 / 2015  
**Transaction ID : ACE2B2935672C4FDB93C**

Amount of Each Receipt this Period  
300.00

**C. Dr. Gerald D. Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 6627 Apollo Rd.

City West Linn State OR Zip Code 97068-2807

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

Name of Employer Family Foot Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 21 / 2015  
**Transaction ID : A4851EC930A064C7BBC6**

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 12 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. 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 **700.00**

Date of Receipt **04 / 23 / 2015**  
**Transaction ID : A003D9BB6BF5A4F33BA0**  
 Amount of Each Receipt this Period **100.00**

**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 **1250.00**

Date of Receipt **04 / 23 / 2015**  
**Transaction ID : A251874AA67C84A308A8**  
 Amount of Each Receipt this Period **625.00**

**C. Dr. Michael R. Joyce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 519 S. Van Buren Rd. #D  
 City Eden State NC Zip Code 27288-5015  
 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 **04 / 24 / 2015**  
**Transaction ID : A6C1681FD08914EEA89D**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<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. Lisa M. Schoene**  
Full Name (Last, First, Middle Initial)

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

City Park City State IL Zip Code 60085-5701

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

Name of Employer Gurnee Podiatry & Sports Medicine Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2015  
**Transaction ID : A8FDBDC82F14E469982E**

Amount of Each Receipt this Period 500.00

**B. Dr. Robert Louis Hovancsek**  
Full Name (Last, First, Middle Initial)

Mailing Address 2218 Simpson Ave.

City Aberdeen State WA Zip Code 98520-3514

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 04 / 25 / 2015  
**Transaction ID : A0CA9C7B9CBB24009929**

Amount of Each Receipt this Period 150.00

**C. Dr. Lawrence Zane Huppin**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Center of WA  
600 Broadway #220

City Seattle State WA Zip Code 98122

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

Name of Employer Foot & Ankle Center of WA Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2015  
**Transaction ID : A7745BFBC0B994779BAA**

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<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. Deborah Ketterer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4361 Talbot Rd. S. #101  
 City Renton State WA Zip Code 98055-6226  
 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  
 04 / 25 / 2015  
**Transaction ID : A854C007441944529B29**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Tony D. H. Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 N. Chelan Ave.  
 City Wenatchee State WA Zip Code 98801-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice 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  
 04 / 25 / 2015  
**Transaction ID : A33FEDF7A39FF495E956**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Eric E. Leonheart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Valley Podiatric Clinic  
 24920 104th Ave. S.E.  
 City Kent State WA Zip Code 98030-6443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Puyallup Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2015  
**Transaction ID : A86A043E20C064E37AFF**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<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. Rockwell Moulton**  
Full Name (Last, First, Middle Initial)

Mailing Address 17226 30th Ave. N.E.

City Lake Forest Park	State WA	Zip Code 98155-5316
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	25	/	2015

**Transaction ID : A08BAF4405B544578809**

Amount of Each Receipt this Period  
300.00

**B. Dr. Donald W. Orminski**  
Full Name (Last, First, Middle Initial)

Mailing Address Central WA Podiatry Service  
307 S. 12th Ave. #9

City Yakima	State WA	Zip Code 98902-3138
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FEC ID number of contributing federal political committee. **C**

Name of Employer Central WA Podiatry Service	Occupation Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	25	/	2015

**Transaction ID : AE4EB7DDE981B4D0FBB3**

Amount of Each Receipt this Period  
300.00

**C. Dr. Heather L. Salton**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 S.W. 299th Pl.

City Federal Way	State WA	Zip Code 98023-3572
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FEC ID number of contributing federal political committee. **C**

Name of Employer Puyallup Foot & Ankle Ctr.	Occupation Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	25	/	2015

**Transaction ID : A3BF615FB00D441BC88F**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. 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  
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : A69A1EDACECD240119BC**  
 Amount of Each Receipt this Period  
 100.00

**B. 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  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : A9744C1D4E5824786B79**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Robert A. Iannacone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3081 N.E. Heather Ct.  
 City Jensen Beach State FL Zip Code 34957-5071  
 Name of Employer Iannacone Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : A04431F8D4E2F4CC9ABB**  
 Amount of Each Receipt this Period  
 300.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19
	<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. Sheila Noroozi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot & Ankle, LLC  
 7550 S.W. 61st Ave. #1  
 City Ocala State FL Zip Code 34476-8310  
 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  
 04 / 28 / 2015  
**Transaction ID : A42699DD0EB254E3C815**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Michael B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 68th Pl.  
 City Kenosha State WI Zip Code 53143-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 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  
 04 / 28 / 2015  
**Transaction ID : A2B042D3832214765B6A**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Daniel F. Byrd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Blue Mountain Foot Specialists  
 714 S.W. Dorion Ave.  
 City Pendleton State OR Zip Code 97801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Mountain Foot Specialists  
 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  
 04 / 30 / 2015  
**Transaction ID : A56F67C8D73D242F6910**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> 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. Bob Casey For Senate Inc**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

**Sen. Robert P. Casey Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : B1D5DB738FDDD4E179E0**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kirk For Senate**

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

Candidate Name

**Sen. Mark Steven Kirk**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : B1B0E9438B9E441EEA0F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

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

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

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

1500.00

1500.00