



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		310035.85
(b) Cash on Hand at Beginning of Reporting Period.....	443466.85	
(c) Total Receipts (from Line 19) .....	10811.72	357992.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	454278.57	668028.57
7. Total Disbursements (from Line 31).....	14500.00	228250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	439778.57	439778.57
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6675.00	238179.00
(ii) Unitemized .....	4136.72	119813.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10811.72	357992.72
(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) .....	10811.72	357992.72
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))..... ▶	10811.72	357992.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10811.72	357992.72

**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.....	14500.00	228250.00
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)) ..	14500.00	228250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14500.00	228250.00

**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) .....	10811.72	357992.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10811.72	357992.72
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 7 OF 20
	<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. 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 ▼ 1100.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : A301E42604A8C431190E**  
 Amount of Each Receipt this Period 100.00

**B. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave  
 City Hartford State CT Zip Code 06120-2508  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 11 / 2015  
**Transaction ID : A243205894E3D490C8BD**  
 Amount of Each Receipt this Period 25.00

**c. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave  
 City Hartford State CT Zip Code 06120-2508  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2015  
**Transaction ID : AEE06172C46CC4A429B0**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 20
	<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. William H. Dabdoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Smart Pl # A  
 City Slidell State LA Zip Code 70458-2040  
 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 ▼ 1350.00

Date of Receipt  
 11 / 05 / 2015  
**Transaction ID : A1044AE467E00441BAC5**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Kris A. DiNucci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Center of AZ 7312 E. Deer Valley Rd. #110  
 City Scottsdale State AZ Zip Code 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot & Ankle Ctr. of Arizona  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 06 / 2015  
**Transaction ID : AECB49AA4602242478E5**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd W  
 City Tacoma State WA Zip Code 98499-8138  
 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 ▼ 550.00

Date of Receipt  
 11 / 23 / 2015  
**Transaction ID : A3B2DE07A9924438B9A3**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 10 OF 20
	<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. Lee E. Firestone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 K St NW  
 Ste 520  
 City Washington State DC Zip Code 20006-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FASMA 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  
 11 / 09 / 2015  
**Transaction ID : A092B31CCB6BF4E9786F**  
 Amount of Each Receipt this Period  
**300.00**

**B. Dr. Robert Frimmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Sarasota Footcare Center  
 1921 Waldemere St. #106  
 City Sarasota State FL Zip Code 34239-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sarasota Footcare Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2015  
**Transaction ID : AC51C5136DCCD414E9E3**  
 Amount of Each Receipt this Period  
**30.00**

**C. Dr. Jon R. Goldsmith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6829 N 72nd St  
 Ste 7500  
 City Omaha State NE Zip Code 68122-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : AD007D39871B44360A92**  
 Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>630.00</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 11 OF 20
	<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. Tyson E. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 1747 Imperial Blvd

City Lake Charles	State LA	Zip Code 70605-5362
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

**Transaction ID : AF7E1719A03454E8D9CD**

Amount of Each Receipt this Period  
100.00

**B. Dr. Darren Fadel Groberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 144 S 700 E

City Salt Lake City	State UT	Zip Code 84102-1357
------------------------	-------------	------------------------

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

**Transaction ID : AD6E53CF3670C48A4848**

Amount of Each Receipt this Period  
25.00

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AEA6C65538DAB4026B63**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 12 OF 20
<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. Joseph M. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Los Alamitos Foot Center  
 10961 Cherry St.  
 City Los Alamitos State CA Zip Code 90720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : AA8984279E00443D590A**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. David M. Kaufmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Southwood Dr  
 City Nashua State NH Zip Code 03063-1818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Darthmouth Hitchcock Clinic 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 Y Y  
 11 / 30 / 2015  
**Transaction ID : AF096686852DB4DBAA75**  
 Amount of Each Receipt this Period  
 350.00

**C. Dr. Christina M. Knutson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Curve Crest Blvd W  
 City Stillwater State MN Zip Code 55082-6040  
 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  
 11 / 14 / 2015  
**Transaction ID : A3E7AF399768643F182D**  
 Amount of Each Receipt this Period  
 300.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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"/> 18

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

**A. Dr. Matthew G. Ollerton**

Full Name (Last, First, Middle Initial)  
Mailing Address 519 S 1800 E

City Springville State UT Zip Code 84663-2610

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 ▼ **275.00**

Date of Receipt  
11 / 09 / 2015  
**Transaction ID : A6593198D66E94132AA1**

Amount of Each Receipt this Period  
**25.00**

**B. Dr. Jason W. Rockwood**

Full Name (Last, First, Middle Initial)  
Mailing Address 2019 Galisteo St Ste K

City Santa Fe State NM Zip Code 87505-2159

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

Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : A8FE20E2B5B5641A085B**

Amount of Each Receipt this Period  
**50.00**

**C. Dr. Robert Glenn Rosen**

Full Name (Last, First, Middle Initial)  
Mailing Address 850 Garden St

City Titusville State FL Zip Code 32796-3411

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

Name of Employer Brevard Podiatry Group Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : A75E90186CCA04B81807**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

**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 20
	<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. Daniel F. Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Brainerd Medical Center, P.A.  
 2024 S. 6th St.  
 City Brainerd State MN Zip Code 56401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brainerd Medical Center, P.A. 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  
 11 / 19 / 2015  
**Transaction ID : AAB2FE66021DC4F05B4A**  
 Amount of Each Receipt this Period  
**300.00**

**B. Dr. Terry P. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Advanced Foot & Ankle Center  
 82 S. 1100 E. #301  
 City Salt Lake City State UT Zip Code 84102  
 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 **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : A89E43B28FACE4E6E8C6**  
 Amount of Each Receipt this Period  
**20.00**

**C. Dr. Loring J. Stead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Olmsted Medical Center  
 210 9th St. S.E.  
 City Rochester State MN Zip Code 55904-6756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olmsted Medical Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2015  
**Transaction ID : AE469099663384825BB4**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Benjamin W. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2081 N Webb Rd  
 City Wichita State KS Zip Code 67206-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central KS Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : A17EF98FCF1344F22A0A**  
 Amount of Each Receipt this Period 50.00

**B. Dr. Benjamin W. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2081 N Webb Rd  
 City Wichita State KS Zip Code 67206-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central KS Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : A54EBBF8136434DEC868**  
 Amount of Each Receipt this Period 50.00

**C. Dr. John W. Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 N Jefferson St NE  
 City Milledgeville State GA Zip Code 31061-3415  
 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 11 / 18 / 2015  
**Transaction ID : A7DDE603A0F284BA1B46**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	6675.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BYRNE FOR CONGRESS INC**

Mailing Address PO BOX 2743

City MOBILE State AL Zip Code 36652-2743

Purpose of Disbursement

Candidate Name

**Rep. Bradley R. Byrne**

Office Sought:  House  Senate  President

State: AL District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : B81138C7F364B49FA9F5**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Congressman Dana Rohrabacher**

Mailing Address PO Box 823

City Huntington Beach State CA Zip Code 92648

Purpose of Disbursement  
Voided check (\*4928) originally recorded 10/17/2014 but never cashed

Candidate Name

**Rep. Dana T. Rohrabacher**

Office Sought:  House  Senate  President

State: CA District: 48

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**Transaction ID : B7CA99BA32A034ECF944**

Amount of Each Disbursement this Period

-5000.00
----------

Full Name (Last, First, Middle Initial)

**C. Dutch Ruppensberger For Congress**

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

Candidate Name

**Rep. Dutch Ruppensberger III**

Office Sought:  House  Senate  President

State: MD District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : B0F55E92464F54EB283B**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-2500.00
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**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. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

Candidate Name  
**Rep. Dan T. Kildee**

Office Sought:  House  
 Senate  
 President  
State: MI District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : **B3B7AB26A5BE1406DBA6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 60 East 42nd Street Sutie 437

City New York State NY Zip Code 10165

Purpose of Disbursement

Candidate Name  
**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : **BD99F5E5438A64518B8D**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Hal Rogers For Congress**

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement

Candidate Name  
**Rep. Hal Rogers**

Office Sought:  House  
 Senate  
 President  
State: KY District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : **B7140D9F5B1CC4FEAA8E**

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
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<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. Loeb sack For Congress**

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement

Candidate Name  
**Rep. Dave W. Loeb sack**

Office Sought:  House  Senate  President  
State: IA District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : **B8DFB5C6028A14D2DB25**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mchenry For Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

Candidate Name  
**Rep. Patrick T. McHenry**

Office Sought:  House  Senate  President  
State: NC District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : **BC98585F4B3A24370A00**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Menendez For Senate**

Mailing Address One Gateway Center Suite 520

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
Voided check (\*5013) originally recorded 10/17/2014 but never cashed

Candidate Name  
**Sen. Robert Menendez**

Office Sought:  House  Senate  President  
State: NJ District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : **B1E11EDE971314224AA0**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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. PAC to the Future**

Mailing Address 430 South Capitol Street, SE  
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
LPAC 2015 (Pelosi)

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

**Transaction ID : BD305D15CEE04658B83**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : B27349C24A85741039E2**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

7500.00
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14500.00
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