

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2016 through 04 / 30 / 2016

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 05 / 16 / 2016

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="2016"/>		426633.57
(b) Cash on Hand at Beginning of Reporting Period.....	537989.56	
(c) Total Receipts (from Line 19) .....	35536.83	246042.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	573526.39	672676.39
7. Total Disbursements (from Line 31).....	16500.00	115650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	557026.39	557026.39
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).....	19060.33	157930.66
(ii) Unitemized .....	16476.50	88112.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35536.83	246042.82
(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) .....	35536.83	246042.82
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))..... ▶	35536.83	246042.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35536.83	246042.82

**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.....	16500.00	115500.00
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	150.00
(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	150.00
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)) ..	16500.00	115650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	115650.00

**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) .....	35536.83	246042.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35536.83	245892.82
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 27
	<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. Thomas Abrahamsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Kings Hwy. N.  
 City Westport State CT Zip Code 06880-2438  
 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 / 07 / 2016  
**Transaction ID : A683C63F461F1405FAFF**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016  
**Transaction ID : A1CBBA0BEC795487995E**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Gregory T. Amarantos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Weil Foot & Ankle Institute  
 5215 N. California #F605  
 City Chicago State IL Zip Code 60625-8564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amarantos Foot Center  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : AF8FABC1EC9514DCD860**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 27
	<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 Allen Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Care  
 433 Main St.  
 City Weston State WV Zip Code 26452-2047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Care Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016  
**Transaction ID : AA361E60BAAD84059B93**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Danny J. Aquilar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2089  
 City Russellville State AR Zip Code 72811-2089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : AA046EA682DBE46AAB19**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Albert V. Armstrong Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16652 S.W. 61st Way  
 City Miami State FL Zip Code 33193-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016  
**Transaction ID : A7637DBBC65734D0B840**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 27
	<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. Eric Allen Arp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ARP Foot & Ankle Clinic, P.A.  
 801 S. College St.  
 City Mountain Home State AR Zip Code 72653-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARP Foot & Ankle Clinic, P.A. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 07 / 2016**  
**Transaction ID : A8E8CB3708B4F41B18E7**  
 Amount of Each Receipt this Period **500.00**

**B. 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)  Memo Item  
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : A5CB6F5AC23BD44C38F0**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Irving J. Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Albany Ave.  
 City Hartford State CT Zip Code 06120-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 28 / 2016**  
**Transaction ID : A166812B90C654F58905**  
 Amount of Each Receipt this Period **25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>625.00</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 9 OF 27
	<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. Shane Kelvin Burchfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 S. Main St., P.O. Box 829  
 City State Zip Code  
 Columbiana AL 35051-0829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed 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 / 29 / 2016  
**Transaction ID : AE215731F2CD64BCEA7A**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Betty Monteiro Carreira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21A Purcell Dr.  
 City State Zip Code  
 Danbury CT 06810-7024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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 / 08 / 2016  
**Transaction ID : A3C329F42985E4E638BF**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. James R. Christina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Glendorian Ct  
 City State Zip Code  
 Cockeysville MD 21030-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 APMA 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 / 15 / 2016  
**Transaction ID : A9B0B7111E37140348B9**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 27
	<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

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

**A. Dr. Evelyn M. Cloud IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 8211 Mar Del Plata St. E.

City Jacksonville State FL Zip Code 32256-7349

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2016  
**Transaction ID : ACC2FF3F6B85C44EEA8E**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. M. Diane Collier**  
Full Name (Last, First, Middle Initial)

Mailing Address S. AL Family Podiatry 204 Luds Way

City Dothan State AL Zip Code 36303

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

Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : A44681D2D758140B5A9E**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. William H. Dabdoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 108A Smart Pl.

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 ▼ 1100.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : A30E231AD8C0842BDBAE**

Amount of Each Receipt this Period 150.00

Memo Item

**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 11 OF 27
	<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. Steven E. Damon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Palomba Dr.  
 City Enfield State CT Zip Code 06082-3844  
 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 / 08 / 2016  
**Transaction ID : A1BEF47ECF497417ABFB**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Randy S. Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31017 John R Rd.  
 City Madison Heights State MI Zip Code 48071-1907  
 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 / 02 / 2016  
**Transaction ID : A738E8AF713F843BB93A**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2016  
**Transaction ID : A2A48F6DC87C94814AD4**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<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 12 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
		<input type="checkbox"/> 12 <input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. 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 ▼ 350.00

Date of Receipt 04 / 22 / 2016  
**Transaction ID : AF5755C0A861446AD80C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dr. Gordon E. Fosdick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Cherry Hill Rd.  
 City Middlefield State CT Zip Code 06455-1238  
 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 / 08 / 2016  
**Transaction ID : A99DDC5C657364708B5D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Dr. Christopher Joseph Gauland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Eastern Carolina F&A Specialists  
 2140 W. Arlington Blvd. #D  
 City Greenville State NC Zip Code 27834-5709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Carolina Foot & Ankle Speciali  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : A94D4561757264F30A6F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 13 OF 27
	<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. Debra Mary Gibson**

Full Name (Last, First, Middle Initial)  
Mailing Address South Baldwin Podiatry  
1770 N. Alston St.

City State Zip Code  
Foley AL 36535-2274

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

Name of Employer Occupation  
S. Baldwin Podiatry, P.C. Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2016

**Transaction ID : AD6F17E940D59411A974**

Amount of Each Receipt this Period  
1.00

Memo Item

**B. Dr. Roberta Giudice-Teller**

Full Name (Last, First, Middle Initial)  
Mailing Address 1010 N.W. 6th St.

City State Zip Code  
Gainesville FL 32601-4249

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2016

**Transaction ID : AB1B6AD5FF45347BA997**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dr. Timothy S. Grace**

Full Name (Last, First, Middle Initial)  
Mailing Address 11212 Sunrise Blvd. E #203

City State Zip Code  
Puyallup WA 98374-8847

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2016

**Transaction ID : A5E24ED5B9D7B4C2EABB**

Amount of Each Receipt this Period  
1.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<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 14 OF 27
	<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. Tyson E. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605-5362

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 ▼ 1200.00

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A5A5941B1EFCD41BEA60**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Dr. Mack Jay Groves IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 W. 10th Ave. #2

City Covington State LA Zip Code 70433-2352

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 / 28 / 2016  
**Transaction ID : AA65B9F381DA74DABB73**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Brent Martin Harwood**  
Full Name (Last, First, Middle Initial)

Mailing Address Southeast Podiatry  
23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532

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 / 30 / 2016  
**Transaction ID : A5BC1D8F83D6A470488E**

Amount of Each Receipt this Period 500.00

Memo Item

<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 15 OF 27
	<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. 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 ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : A7656EEF23BF843B982F**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dr. Byron L. Hutchinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16233 Sylvester Rd. S.W. #G10  
 City Burien State WA Zip Code 98166-3069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2016  
**Transaction ID : AD9DE1150A5A247BD8F8**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. John D. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Water Tower Pl. #300  
 City East Lansing State MI Zip Code 48823-8049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016  
**Transaction ID : A66E7DCE28C8349D7AA3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 27
	<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. Harvey S. Karp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 649 N. Broad St.  
 City Woodbury State NJ Zip Code 08096-1621  
 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 / 15 / 2016  
**Transaction ID : AB0605194CE7C4128AA9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 04 / 15 / 2016  
**Transaction ID : A1858E75D7CAD4586862**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. 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 04 / 06 / 2016  
**Transaction ID : A5A77227856604ED5B94**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Mark Andrew Lambert**  
Full Name (Last, First, Middle Initial)

Mailing Address Pensacola Foot & Ankle Center  
4850 N. 9th Ave.

City Pensacola State FL Zip Code 32503-2407

FEC ID number of contributing federal political committee.

Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : A7C99494F1AA34FF8B6A**

Amount of Each Receipt this Period

Memo Item

**B. Dr. Rae Louise Lantsberger**  
Full Name (Last, First, Middle Initial)

Mailing Address Gresham Foot Clinic  
610 S.W. Alder St. #506

City Portland State OR Zip Code 97205-3606

FEC ID number of contributing federal political committee.

Name of Employer Gresham Foot Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : A33152EA145954F05883**

Amount of Each Receipt this Period

Memo Item

**C. Dr. Richard Andrew Leichter**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Maple Ave. #3B

City Red Bank State NJ Zip Code 07701-1729

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : AAB9C135CEC164C8DA5F**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<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. Krysia L. Lepoer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University Foot & Ankle Center Inc  
 235 Plain St. #201  
 City Providence State RI Zip Code 02905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2016  
**Transaction ID : AF3084C742A7343F6975**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Eric J. Lew**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7300 Wild Olive Ave. N.E.  
 City Albuquerque State NM Zip Code 87113-2078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatric Student 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 / 21 / 2016  
**Transaction ID : A5F32932E0EA543D987D**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dr. Melissa Jomarie Lockwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Heartland Foot & Ankle Assn., P.C.  
 10 Heartland Dr. #B  
 City Bloomington State IL Zip Code 61704-7775  
 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 ▼ 333.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2016  
**Transaction ID : A503B26079C2A4A359F2**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	683.33
<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 19 OF 27
	<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. Chantal B. Lorio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4424 Kawanee Ave.  
 City Metairie State LA Zip Code 70006-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 21 / 2016  
**Transaction ID : A22A6A109DAF1426E87E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Keith Justin Luper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Marina Blvd.  
 City Mandeville State LA Zip Code 70471-1513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ochsner Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 09 / 2016  
**Transaction ID : A649196CA924544129E8**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dr. Lucinda R. Meier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1234 N. 86th St.  
 City Wauwatosa State WI Zip Code 53226-3204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wheaton Franciscan - St. Joseph Hospit Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 21 / 2016  
**Transaction ID : AF413F958D5674B2B8EC**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Steven D. Meinhold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11334 Elm St.  
 City Omaha State NE Zip Code 68144-4733  
 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 / 2016  
**Transaction ID : A6107DF8DC7EF4ABBBB**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Adam Paul Mucinkas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Feet First Foot Care Specialist, L  
 162 West St. #K  
 City Cromwell State CT Zip Code 06416-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Feet First Foot Care Specialist, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 04 / 2016  
**Transaction ID : AD44559AEFDDB45C79D1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Dr. Brad L.Z. Naylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 Sheridan Way  
 City Woodside State CA Zip Code 94062-2346  
 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 500.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A4FC6CC6C326D4DB0BEC**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<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. Gene G. Reister**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 N. Collins Blvd. #103

City Richardson State TX Zip Code 75080-2644

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 / 01 / 2016  
**Transaction ID : AA691BBD6787C4ADCA8I**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. John L. Roberson Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Meadow Brook Rd.

City Birmingham State AL Zip Code 35242-3341

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 / 29 / 2016  
**Transaction ID : A255FB0809E65473AA48**

Amount of Each Receipt this Period 250.00

Memo Item

**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

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

Name of Employer Puyallup Foot & Ankle Ctr. Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2016  
**Transaction ID : AB8423D3F74F0496FBC9**

Amount of Each Receipt this Period 500.00

Memo Item

**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 22 OF 27
	<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 C. Schleichert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31524 Lowry Cir.  
 City Cushing State MN Zip Code 56443-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakewood Health Systems Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 14 / 2016  
**Transaction ID : ADF33D3C2A98D482C9D1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Joel Scott Segalman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Chase Parkway Podiatry Group  
 714 Chase Pkwy.  
 City Waterbury State CT Zip Code 06708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chase Parkway Podiatry Group Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A1BD48E2B2C684DEEB0C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Dr. Eric Silverstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hartford Specialists  
 85 Seymour St. #409  
 City Hartford State CT Zip Code 06106-5523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT Surgical Group Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : A89E2E1DC571C4555BA2**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<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 23 OF 27
	<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. Robert G. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Lucerne Cir.  
 City Ormond Beach State FL Zip Code 32174-4624  
 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 04 / 10 / 2016  
**Transaction ID : AAA8FCFA85AA54B9CB2**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Dr. Craig H. Thomajan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Austin Foot & Ankle Specialists  
 5000 Bee Cave Rd. #202  
 City Austin State TX Zip Code 78746-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Foot & Ankle Specialists  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A9CB258AB5BA446A282F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 04 / 22 / 2016  
**Transaction ID : A38C5DF86427040FF979**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27
	<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. 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 ▼ **375.00**

Date of Receipt **04 / 29 / 2016**

**Transaction ID : A4C5F9385814C448AA7F**

Amount of Each Receipt this Period **125.00**

Memo Item

**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 **04 / 08 / 2016**

**Transaction ID : AE0B3581998964CF4BA5**

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address Dubuque Podiatry  
1500 Delhi St. #2200

City Dubuque State IA Zip Code 52001-6359

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

Name of Employer Dubuque Podiatry  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 01 / 2016**

**Transaction ID : AA91470058B19423FA5A**

Amount of Each Receipt this Period **300.00**

Memo Item

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 27
	<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. Walter G. Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 707

City Seymour State IN Zip Code 47274-0707

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 / 28 / 2016  
**Transaction ID : AFEC2DBE5EF004C8A8A0**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Benjamin W. Weaver**  
Full Name (Last, First, Middle Initial)

Mailing Address Central KS Podiatry Associates  
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 ▼ 250.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : A3F67B9131D9B4A8EA5C**

Amount of Each Receipt this Period 50.00

Memo Item

**C. Dr. Timothy W. Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 N.W. Gilman Blvd. #303

City Issaquah State WA Zip Code 98027-2483

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 / 09 / 2016  
**Transaction ID : A6C332E1F045246BA849**

Amount of Each Receipt this Period 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	19060.33

**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. Diana Degette For Congress**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement

Candidate Name  
**Rep. Diana L. DeGette**

Office Sought:  House  
 Senate  
 President  
State: CO District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **BCC86C451C91749548D4**

Amount of Each Disbursement this Period

7,500.00 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DR. MATT HEINZ FOR ARIZONA**

Mailing Address P.O. BOX 57698

City State Zip Code  
Tucson AZ 85732-7698

Purpose of Disbursement

Candidate Name  
**Matthew Gerald Heinz**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

Transaction ID : **B503B7D4875624725B58**

Amount of Each Disbursement this Period

7,500.00 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement

Candidate Name  
**Rep. James E. Clyburn**

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **B98441852035748269D1**

Amount of Each Disbursement this Period

7,500.00 1500.00

Memo Item

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

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

7500.00

7500.00

**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. King For Congress**

Mailing Address 116 N Main St.  
PO Box 400

City State Zip Code  
Early IA 50535

Purpose of Disbursement

Candidate Name

**Rep. Steve A. King**

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

**Transaction ID : B4F5C58E4745B454ABE5**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City State Zip Code  
GIG HARBOR WA 98335

Purpose of Disbursement

Candidate Name

**Rep. Derek Kilmer**

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

**Transaction ID : BD71F7E566CEE4A8D9BE**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walden For Congress**

Mailing Address PO Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement

Candidate Name

**Rep. Greg P. Walden**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

**Transaction ID : B2057A16797C9496F9F7**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Memo Item

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

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

9	0	0	0	.	0	0
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1	6	5	0	.	0	0
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