

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) [X] NEW (N)

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, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 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 05 / 01 / 2017 through 05 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kaplan, Randy, K., Dr., Type or Print Name of Treasurer

Signature of Treasurer Kaplan, Randy, K., Dr., [Electronically Filed] Date 06 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		302488.53
(b) Cash on Hand at Beginning of Reporting Period.....	431335.36	
(c) Total Receipts (from Line 19)	23119.83	232316.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	454455.19	534805.19
7. Total Disbursements (from Line 31).....	116418.74	196768.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	338036.45	338036.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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: 05 / 01 / 2017 To: 05 / 31 / 2017

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).....	15198.33	163861.99
(ii) Unitemized	7921.50	68454.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23119.83	232316.66
(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)	23119.83	232316.66
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)).....▶	23119.83	232316.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23119.83	232316.66

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	115918.74	115918.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	115918.74	115918.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	80500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	350.00
(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	350.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	116418.74	196768.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116418.74	196768.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	23119.83	232316.66
34. Total Contribution Refunds (from Line 28(d))	0.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23119.83	231966.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	115918.74	115918.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	115918.74	115918.74

**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 26
<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. Agee, Ronald, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address AG Podiatric Medicine & Associates
1529 Bessemer Rd.

City Birmingham	State AL	Zip Code 35208-4016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : AB6D1CE5484F249F48B3

Amount of Each Receipt this Period
500.00

Memo Item

B. Bermudez, Roberto, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2933 Coachway Dr.

City Fayetteville	State NC	Zip Code 28306-8949
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cape Fear Podiatry Associates	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

Transaction ID : A1ECBB46616CFE48B4A0F

Amount of Each Receipt this Period
300.00

Memo Item

C. Boudreau, Jason, Kendell, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Prospect Medical Commons
2311 N. Prospect Ave. #4A

City Milwaukee	State WI	Zip Code 53211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : AB608AB83928E4F50BDC

Amount of Each Receipt this Period
250.00

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 7 OF 26
<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. Brewington, Shelli, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1738 Metromedical Dr.

City Fayetteville	State NC	Zip Code 28304-3861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. TX Health Science Ctr.	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

Transaction ID : A7CA01CE88A0D42EDB54

Amount of Each Receipt this Period
300.00

Memo Item

B. Brown, Terrill, F., Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Chicora Club Dr.

City Dunn	State NC	Zip Code 28334-5667
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

Transaction ID : AED22D31D87E941F393B

Amount of Each Receipt this Period
300.00

Memo Item

C. Bryan, Gregory, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Ark LA Tex Foot Specialists, LLC
385 Bert Kouns #200

City Shreveport	State LA	Zip Code 71106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2017

Transaction ID : A7929A821C38F4525BD9

Amount of Each Receipt this Period
100.00

Memo Item

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 8 OF 26
<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. Buchbinder, Irving, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Albany Ave.

City Hartford	State CT	Zip Code 06120-2508
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

Transaction ID : A99E6DA102D134EAF90A

Amount of Each Receipt this Period
25.00

Memo Item

B. Buchbinder, Irving, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Albany Ave.

City Hartford	State CT	Zip Code 06120-2508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : AB7918704F516461E8FF

Amount of Each Receipt this Period
25.00

Memo Item

C. Cain, Patricia, Eileen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Oregon City Foot Clinic
1510 Divison St. #80

City Oregon City	State OR	Zip Code 97045-1572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oregon City Foot Clinic	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

Transaction ID : A7F80E548A6194E57896

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 26
	<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. Caporusso, Joseph, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Complete Family Foot Care
 812 Lindberg Ave.
 City McAllen State TX Zip Code 78501-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Complete Family Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : AAF64BA0AF1FC4BE0842
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Cupp, Nicole, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 S.E. Debell Ave.
 City Bartlesville State OK Zip Code 74006-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2017
Transaction ID : A53A7C4196EBC4295AEC
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2017
Transaction ID : A87DE5CF811F44603A07
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
<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. Davis, Imaze, Marian, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1190 N.W. 95th St. #108

City Miami	State FL	Zip Code 33150-2064
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : A968C2E3F5D84419EA25

Amount of Each Receipt this Period
150.00

Memo Item

B. DeGere, Michael, William, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 DeNeveu Cir.

City Fond Du Lac	State WI	Zip Code 54935-5457
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Agnesian HealthCare	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : AB951558F36A046E2A7A

Amount of Each Receipt this Period
250.00

Memo Item

C. Eaton, Mark, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Cape Fear Podiatry Associates
1738 Metromedical Dr.

City Fayetteville	State NC	Zip Code 28304-3861
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cape Fear Podiatry Associates	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : AB91414B082EC4140937

Amount of Each Receipt this Period
300.00

Memo Item

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 11 OF 26
<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. Edmunds, Mark, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Christian County Foot & Ankle Cent
 1610 S. Main St.
 City Hopkinsville State KY Zip Code 42240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : A3D03A68A5E0A40D5A69
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Feller, Steve, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2017
Transaction ID : A7DA0DA78C222423DB30
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Fillinger, Eric, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fillinger Foot Clinic
 2108 AL Hwy. 157
 City Cullman State AL Zip Code 35058-0656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fillinger Foot Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : A89273A0FEFF34E989E1
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
<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. Green, Tyson, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2017

Transaction ID : ACB9E21DE0934494EA39

Amount of Each Receipt this Period
100.00

Memo Item

B. Guiliana, John, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 488 Schooleys Mountain Rd. #1B

City Hackettstown	State NJ	Zip Code 07840-4001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2017

Transaction ID : A18940ACEBFC1A4141A0B

Amount of Each Receipt this Period
300.00

Memo Item

C. Harris, William, , Dr., IV
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Carolina Podiatry Group
1190 Hwy. 9 Bypass W.

City Lancaster	State SC	Zip Code 29720-1709
-------------------	-------------	------------------------

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

Name of Employer (for Individual) InStride	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017

Transaction ID : A2A5E062E6F89464895A

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	515.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<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. Helms, Michael, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9240 N. Meridian St. #260

City Indianapolis	State IN	Zip Code 46260-1876
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : A25F21ECF1BA14837B5F

Amount of Each Receipt this Period
300.00

Memo Item

B. Jackson-Smith, Jill, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Metro Tulsa Foot & Ankle Specialis
5711 E. 71st St. #115

City Tulsa	State OK	Zip Code 74136-6655
---------------	-------------	------------------------

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

Name of Employer (for Individual) Metro Tulsa Foot & Ankle Specialists	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : A666AD5F776B243D8863

Amount of Each Receipt this Period
300.00

Memo Item

C. Jacoby, Kenneth, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Elgin Foot & Ankle Ctr.
750 Fletcher Dr. #300

City Elgin	State IL	Zip Code 60123
---------------	-------------	-------------------

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

Name of Employer (for Individual) Elgin Foot & Ankle Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : AFB2BF78CB9444B97836

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 14 OF 26
<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. Johnson, George, Michael, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Podiatry, P.C.
 P.O. Box 8407
 City Mobile State AL Zip Code 36689-0407
 Name of Employer (for Individual) Medical Center Podiatry, P.C. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2017
Transaction ID : A943E03ECBEFA480CA32
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Krejci, Kara, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Prairie Orthopaedic & Plastic Surg
 4130 Pioneer Woods Dr. #1
 City Lincoln State NE Zip Code 68506
 Name of Employer (for Individual) Prairie Orthopaedic and Plastic Surger Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 25 / 2017
Transaction ID : A0CA61CA524354603A8B
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Kusy, Borys, I., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Associates of Baraboo
 1626 Tuttle St.. P.O. Box 694
 City Baraboo State WI Zip Code 53913
 Name of Employer (for Individual) Medical Associates of Baraboo Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2017
Transaction ID : AE4EFA26679694576AEB
 Amount of Each Receipt this Period 250.00
 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 15 OF 26
	<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. Lambert, Mark, Andrew, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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. **C**
 Name of Employer (for Individual) Pensacola Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 21 / 2017**
Transaction ID : A466E9516EE4649939E2
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Laut, Daniel, Evan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cape Fear Podiatry Associates
 1738 Metromedical Dr.
 City Fayetteville State NC Zip Code 28304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cape Fear Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 26 / 2017**
Transaction ID : A5CFF4A2429254EB39D6
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Lockwood, Melissa, Jomarie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 17 / 2017**
Transaction ID : A0BAA19EDAEBB4E0CA5I
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
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 26
	<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. Long, Curtis, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Birch St. #11

City Walla Walla	State WA	Zip Code 99362-3054
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

Transaction ID : A23EF47BB09034FDF819

Amount of Each Receipt this Period
500.00

Memo Item

B. Meier, Lucinda, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Michelle Witmer Memorial Dr.

City New Berlin	State WI	Zip Code 53151-5292
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wheaton Franciscan - St. Joseph Hospit	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : A6D2793D178D94709AAD

Amount of Each Receipt this Period
500.00

Memo Item

C. Moss, David, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27501 W. Warren Rd.

City Garden City	State MI	Zip Code 48135-2253
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

Transaction ID : A382A5C73BA8043298D5

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
<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. O'Brien, Todd, Damien, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Winterhaven Dr.

City Orono	State ME	Zip Code 04473-3678
---------------	-------------	------------------------

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

Name of Employer (for Individual) Health Access Network	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

Transaction ID : AF35EF19A7EF14EC0A7E

Amount of Each Receipt this Period
300.00

Memo Item

B. Palmquist, Roland, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Parker Indian Health Center
12033 Agency Rd.

City Parker	State AZ	Zip Code 85344-7718
----------------	-------------	------------------------

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

Name of Employer (for Individual) Parker Indian Health Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : AF88588FEB52D4232B4B

Amount of Each Receipt this Period
1000.00

Memo Item

C. Reinicke, Lisa, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Beloit Clinic
1905 Huebbe Pkwy.

City Beloit	State WI	Zip Code 53511-1842
----------------	-------------	------------------------

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

Name of Employer (for Individual) Beloit Clinic	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : AEAFFDE0B83380437A86D

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26
	<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. Ruff, John, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 614 N. Spring St.

City Peoria	State IL	Zip Code 61603-4133
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2017

Transaction ID : A79744D0146AA469DB9B

Amount of Each Receipt this Period
300.00

Memo Item

B. Schein, Craig, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 331 Summer St.

City Saint Johnsbury	State VT	Zip Code 05819-2284
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : A5CEB2548A6E54E45881

Amount of Each Receipt this Period
300.00

Memo Item

C. Shimahara, Lilly, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8958 Riverside Dr.

City Parker	State AZ	Zip Code 85344-8088
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : A449CF420EAAD4FED854

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
<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. Siegfried, Timothy, John, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10229 E. 96th St. N. #100
 City Owasso State OK Zip Code 74055-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A043CDBE8A1DC4E65B8E
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Smith, Steven, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2929 E 69th St.
 City Tulsa State OK Zip Code 74136-4541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A990E01644D4A4A838AA
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Spohn-Gross, Holly, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6425 Lynch Canyon Dr.
 City Lake Isabella State CA Zip Code 93240-9726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sienna Wellness Institute Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 08 / 2017
Transaction ID : A8C7864A1327F446DB7B
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
	<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. Stanley, Richard, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5905 S. Emerson Ave. #300

City Indianapolis	State IN	Zip Code 46237-2406
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : ADEFB71DA0F904718907

Amount of Each Receipt this Period
500.00

Memo Item

B. Thompson, Matthew, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Cape Fear Podiatry Associates
4850 Fayetteville Rd.

City Lumberton	State NC	Zip Code 28358
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Cape Fear Podiatry Associates	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : A29D2BAAFD5AF44E8B1B

Amount of Each Receipt this Period
300.00

Memo Item

C. Tickner, Anthony, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 482 Salisbury St.

City Holden	State MA	Zip Code 01520-1424
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2017

Transaction ID : A5796039F3A80430D87F

Amount of Each Receipt this Period
300.00

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 26
	<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. Woelffer, Kirk, Eliel, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Raleigh Foot & Ankle Center
 P.O. Box 98209
 City Raleigh State NC Zip Code 27624-8209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raleigh Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2017
Transaction ID : AAEAFB47357994535A87
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wolf, Walter, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Valley Podiatry Associates
 81 Willimansett St.
 City South Hadley State MA Zip Code 01075-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 03 / 2017
Transaction ID : AA0792533BA244FE3901
 Amount of Each Receipt this Period 300.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	15198.33

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. POD MED ASSN, American, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Mailing Address 9312 Old Georgetown Rd

FEC Identification Number

C []

Transaction ID : BA277C0EDC
Amount of Each Disbursement this Period

[] 115918.74

Memo Item

City
Bethesda

State
MD

Zip Code
20814-1621

Purpose of Disbursement
APMA Annual Service Agreement & Legislative Conference

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

[] 115918.74

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

[] 115918.74

**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"/> 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. CHRIS GIBSON FOR CONGRESS

Mailing Address PO BOX 255

City
KINDERHOOK

State
NY

Zip Code
12106

Purpose of Disbursement
VOID - previously reported 9/15/16, check never cashed

Candidate Name

Gibson, Chris, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	7

FEC Identification Number

C C00477984

Transaction ID : B2FE15E974I

Amount of Each Disbursement this Period

- 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Waters

Mailing Address 555 So.Flower St.,Suite 4210

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement
VOID - check previously reported 9/15/16 never cashed

Candidate Name

Waters, Maxine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: CA District: 43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	7

FEC Identification Number

C H4CA23011

Transaction ID : B22ED1CF3A

Amount of Each Disbursement this Period

- 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clay Jr. For Congress

Mailing Address P.O. Box 4544

City
St. Louis

State
MO

Zip Code
63108

Purpose of Disbursement
VOID - check previously reported on 9/15/16 but never cashed

Candidate Name

Clay, Lacy, , Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	7

FEC Identification Number

C H0MO01066

Transaction ID : BAAA93B43I

Amount of Each Disbursement this Period

- 1000.00

Memo Item

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

- 5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Committee To Re-Elect Congressman Dana Rohrabacher

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2017

Mailing Address PO Box 823

FEC Identification Number

C H8CA42061

Transaction ID : B93EC7AFB3

Amount of Each Disbursement this Period

– 2500.00

Memo Item

City Huntington Beach State CA Zip Code 92648

Purpose of Disbursement
VOID - check previously report 9/15/16 never cashed

Candidate Name
Rohrabacher, Dana, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 48

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2017

Mailing Address PO Box 2145

FEC Identification Number

C H2SC02059

Transaction ID : BD45D619C2I

Amount of Each Disbursement this Period

– 1500.00

Memo Item

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
VOID - check previously reported 9/15/16 but never cashed

Candidate Name
Wilson, Joe, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. Judy Chu For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2017

Mailing Address 6380 Wilshire Blvd # 1612

FEC Identification Number

C H0CA32101

Transaction ID : B51FF90961I

Amount of Each Disbursement this Period

– 2000.00

Memo Item

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
VOID - check previously reported 09/15/16 but never cashed

Candidate Name
Chu, Judy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 27

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

– 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 Primary donation

Candidate Name
Pelosi, Nancy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2017

FEC Identification Number

C H8CA05035

Transaction ID : B6592D2D20!
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAC to the Future

Mailing Address 430 South Capitol Street, SE
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
LPAC 2017 (Pelosi)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2017

FEC Identification Number

C

Transaction ID : B0ABE51290!
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress, Inc.

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement
2018 Primary donation

Candidate Name
Pascrell, Bill, J., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2017

FEC Identification Number

C C00313510

Transaction ID : B701BED4E!
Amount of Each Disbursement this Period

1000.00

Memo Item

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

11000.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Schiff For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
VOID - check previously reported 09/15/16 but never cashed

Candidate Name
Schiff, Adam, B., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 28

Date of Disbursement: 05 / 22 / 2017

FEC Identification Number: C H0CA27085
Transaction ID : B4C12EF29D
Amount of Each Disbursement this Period: - 1500.00

Memo Item

B. Volunteers For Shimkus

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
2018 Primary donation

Candidate Name
Shimkus, John, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: IL District: 15

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C H2IL20042
Transaction ID : BDFBFCB243
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Walberg For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement
2018 Primary donation

Candidate Name
Walberg, Tim, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: MI District: 07

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C H4MI07103
Transaction ID : BC3BAF093I
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	500.00