

**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"/>		<input type="text" value="426633.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="426633.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56464.33"/>	<input type="text" value="56464.33"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="483097.90"/>	<input type="text" value="483097.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75000.00"/>	<input type="text" value="75000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="408097.90"/>	<input type="text" value="408097.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

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).....	43215.00	43215.00
(ii) Unitemized	13249.33	13249.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56464.33	56464.33
(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)	56464.33	56464.33
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))..... ▶	56464.33	56464.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56464.33	56464.33

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.....	75000.00	75000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75000.00	75000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75000.00	75000.00

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)	56464.33	56464.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56464.33	56464.33
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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. Johnnie L. Alston
 Full Name (Last, First, Middle Initial)
 Mailing Address Institute for Advanced Wound Care
 2167 Normandie Dr.
 City Montgomery State AL Zip Code 36111-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : A2C65E656103E4B029D4
 Amount of Each Receipt this Period
 250.00

B. Dr. Andrew M. Belis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1538 S.W. 49th Ter.
 City Cape Coral State FL Zip Code 33914-6933
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : AB05E31A46A074F87846
 Amount of Each Receipt this Period
 1000.00

C. Dr. Brooke A. Bisbee
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot Health Center, PA
 200 S. 20th St. #B
 City Rogers State AR Zip Code 72758-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Health Center, P.A.
 Occupation Podiatric Physician
 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
 01 / 12 / 2016
Transaction ID : A91588ABA47464F9E8E0
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 35
	<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. Kendall L. Blackwell

Full Name (Last, First, Middle Initial)
Mailing Address **Wilson Podiatry Associates**
1704 Glendale Dr. #A

City **Wilson** State **NC** Zip Code **27893-4679**

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

Name of Employer **Instride Wilson Podiatry Associates** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 09 / 2016

Transaction ID : A641FBE3C30534EF8AC3

Amount of Each Receipt this Period
300.00

B. Dr. Mark S. Block

Full Name (Last, First, Middle Initial)
Mailing Address **660 Glades Rd. #120**

City **Boca Raton** State **FL** Zip Code **33431-6466**

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
01 / 16 / 2016

Transaction ID : A79E58F4178474677835

Amount of Each Receipt this Period
500.00

C. Dr. Howard J. Bonenberger

Full Name (Last, First, Middle Initial)
Mailing Address **Ankle & Foot Center**
17 Riverside St. #205

City **Nashua** State **NH** Zip Code **03062**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 08 / 2016

Transaction ID : A4BFB934EA8774D85866

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<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. Stuart A. Courtney
Full Name (Last, First, Middle Initial)

Mailing Address 1250 E. Hallandale Beach Blvd. #10

City Hallandale	State FL	Zip Code 33009-4636
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2016

Transaction ID : A375437F0E82D41C88FD

Amount of Each Receipt this Period
500.00

B. Mr. Derek Dalling
Full Name (Last, First, Middle Initial)

Mailing Address 1000 W Saint Joseph St Ste 200

City Lansing	State MI	Zip Code 48915-2552
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindsvatter Dalling and Associates	Occupation Executive Director-AAPPM
--	--

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
01	/	30	/	2016

Transaction ID : A6EC3208F9453435B8DA

Amount of Each Receipt this Period
1000.00

C. Dr. Robert Paul Dunne
Full Name (Last, First, Middle Initial)

Mailing Address Lake Washington Foot & Ankle 2717 N. Wickham Rd. #4

City Melbourne	State FL	Zip Code 32935
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Washington Foot & Ankle	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A518C9CE1B8294C4782C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 35
	<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. W. Christopher Fleming
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 770665
 City Ocala State FL Zip Code 34477-0665
 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
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : A5BF0EDB0A6A5438FBC4
 Amount of Each Receipt this Period
 500.00

B. Dr. Dennis R. Frisch
 Full Name (Last, First, Middle Initial)
 Mailing Address Boca Raton Podiatry
 950 Glades Rd. #2A
 City Boca Raton State FL Zip Code 33431-6401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boca Raton Podiatry Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : ABD35F9B047EA479380D
 Amount of Each Receipt this Period
 1000.00

c. Dr. Matthew G. Garoufalis
 Full Name (Last, First, Middle Initial)
 Mailing Address Professional Foot Care Specialists
 5241 S. Cicero Ave.
 City Chicago State IL Zip Code 60632-4967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Professional Foot Care Specialists Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : A3314D7CF53AC407187F
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 35
	<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. Glenn B B. Gastwirth
 Full Name (Last, First, Middle Initial)
 Mailing Address 9312 Old Georgetown Rd
 City Bethesda State MD Zip Code 20814-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 19 / 2016**
Transaction ID : A275272CC882D43B99E7
 Amount of Each Receipt this Period **850.00**

B. Dr. Debra Mary Glbson
 Full Name (Last, First, Middle Initial)
 Mailing Address South Baldwin Podiatry 1770 N. Alston St.
 City Foley State AL Zip Code 36535-2274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S. Baldwin Podiatry, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 04 / 2016**
Transaction ID : A1BA4391336AB4BB0805
 Amount of Each Receipt this Period **1000.00**

c. Dr. Roberta Giudice-Teller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 N.W. 6th St.
 City Gainesville State FL Zip Code 32601-4249
 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 **01 / 20 / 2016**
Transaction ID : A9D87B282BBB14C17A93
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2100.00**
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 35
	<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. Barney A. Greenberg DPM
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Associates
 2651 Hollywood Blvd.
 City Hollywood State FL Zip Code 33020-4840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : A75C8ADF6D61C48CC969
 Amount of Each Receipt this Period
1000.00

B. Dr. Arthur Gudeon
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Podiatry of Rego Park
 64-06 Fleet St.
 City Rego Park State NY Zip Code 11374-5243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Podiatry of Rego Park 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
 01 / 22 / 2016
Transaction ID : A78D27C53986A45DFB4F
 Amount of Each Receipt this Period
250.00

C. Dr. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address Tooele Foot & Ankle Clinic
 2356 N. 400 E. #104
 City Tooele State UT Zip Code 84074-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tooele Foot Clinic 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
 01 / 06 / 2016
Transaction ID : A0034AE63AA2C47CA925
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 35
	<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 E. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 7556 Lake Worth Rd. #104

City Lake Worth	State FL	Zip Code 33467-2503
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2016

Transaction ID : A94B8806D244F432BAFE

Amount of Each Receipt this Period
300.00

B. Mr. Herman Hammerschmidt
Full Name (Last, First, Middle Initial)

Mailing Address 2 King Arthur Ct. #C

City North Brunswick	State NJ	Zip Code 08902-3381
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Podiatric Medical Society	Occupation Executive Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2016

Transaction ID : A770C7114F4694C49B4E

Amount of Each Receipt this Period
203.00

C. Dr. Bradley Charles Haves
Full Name (Last, First, Middle Initial)

Mailing Address 815 N.W. 57th Ave. #130

City Miami	State FL	Zip Code 33126-2041
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2016

Transaction ID : AC7FEBB8E45D74894934

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	803.00
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 35
	<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. Loretta V. Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1543 Aldersgate Dr.
 City Kissimmee State FL Zip Code 34746-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested 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
 01 / 20 / 2016
Transaction ID : AC3055DD256554ACFB3E
 Amount of Each Receipt this Period
 300.00

B. Dr. Crystal Murray Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 674 Brookmill Ct.
 City Canton State MI Zip Code 48188-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2016
Transaction ID : A536FD4F01D2A4094BB3
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael J. Hriljac
 Full Name (Last, First, Middle Initial)
 Mailing Address Illinois Podiatric Medical Assn.
 745 McClintock Dr. #340
 City Burr Ridge State IL Zip Code 60527-0853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Podiatric Medical Assn. 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
 01 / 12 / 2016
Transaction ID : A6F5607A4B53C4B56B25
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<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. Scott E. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Specialists, PC
 1060 N. Monroe St.
 City Monroe State MI Zip Code 48162-3113
 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
 01 / 30 / 2016
Transaction ID : A67D37253AE9B4745AB3
 Amount of Each Receipt this Period
 500.00

B. Dr. Robert A. Iannacone
 Full Name (Last, First, Middle Initial)
 Mailing Address Iannacone Podiatry
 691 S.W. Port St. Lucie Blvd.
 City Port Saint Lucie State FL Zip Code 34953-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iannacone Podiatry
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : A53D5DA5BEC334160BC7
 Amount of Each Receipt this Period
 300.00

C. Dr. Nathan D. Ivey
 Full Name (Last, First, Middle Initial)
 Mailing Address NM Foot & Ankle Institute
 4343 Pan American Fwy. N.E. #234
 City Albuquerque State NM Zip Code 87107-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Foot & Ankle Institute
 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
 01 / 18 / 2016
Transaction ID : A92808954CBC4405E8F5
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<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 R. Joyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Old Farm Rd.
 City Danville State VA Zip Code 24541-5656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : AED185A6CC08442D799E
 Amount of Each Receipt this Period
 500.00

B. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 S. Washington Ave.
 City Royal Oak State MI Zip Code 48067-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2016
Transaction ID : AAD0DD31910B341DFB0D
 Amount of Each Receipt this Period
 500.00

c. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 S. Washington Ave.
 City Royal Oak State MI Zip Code 48067-3218
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : AC1C14CD8AC2644D9A24
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<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. Joseph E. Kiefer
Full Name (Last, First, Middle Initial)

Mailing Address **Gulf Coast Podiatry**
1851 N. 9th Ave.

City **Pensacola** State **FL** Zip Code **32503-5201**

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

Name of Employer **Gulf Coast Podiatry** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 15 / 2016

Transaction ID : A7CED85C9CC374B22A3E

Amount of Each Receipt this Period
300.00

B. Dr. Kevin Lee Killian
Full Name (Last, First, Middle Initial)

Mailing Address **Matthews Foot Care**
534 W. John St.

City **Matthews** State **NC** Zip Code **28105-5483**

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

Name of Employer **Matthews Foot Care** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
01 / 29 / 2016

Transaction ID : A054A0A4598654E0A983

Amount of Each Receipt this Period
500.00

C. Dr. Scarlett Ann Kinley
Full Name (Last, First, Middle Initial)

Mailing Address **Bay Area Foot & Ankle**
321 Lincoln Ave. S.

City **Clearwater** State **FL** Zip Code **33756-5823**

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

Name of Employer **Bay Area Foot & Ankle** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
01 / 20 / 2016

Transaction ID : A75A82AED505D4FCEA71

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
	<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. Ronald A. Maskarinec
 Full Name (Last, First, Middle Initial)
 Mailing Address Foothills Podiatry
 707 N. Morgan St., P.O. Box 1801
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothills Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016
Transaction ID : A00FAE48EAC01409B924
 Amount of Each Receipt this Period
250.00

B. Dr. William N. McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address Affiliates in Podiatry, PC
 248 Pleasant St.#203 Pillsbury Med
 City Concord State NH Zip Code 03301-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pillsbury Medical Bldg. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **553.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2016
Transaction ID : ABC9F701374574411B50
 Amount of Each Receipt this Period
553.00

C. Dr. Cynthia C. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 6405 N. Federal Hwy. #405
 City Fort Lauderdale State FL Zip Code 33308-1414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2016
Transaction ID : A43085CD17C8142C2BEB
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1053.00
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 35
	<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. Terence D. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address Imperial Point Podiatry Assoc.
 6405 N. Federal Hwy. #405
 City Fort Lauderdale State FL Zip Code 33308-1414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Imperial Point Podiatry Assoc. 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
 01 / 20 / 2016
Transaction ID : A8786EB02B55F44D88DA
 Amount of Each Receipt this Period
250.00

B. Dr. Frederick Samuel Mechanik
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 422
 City Fountain State CO Zip Code 80817-0422
 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
 01 / 13 / 2016
Transaction ID : A6C8AEDAA6114404A8D7
 Amount of Each Receipt this Period
500.00

C. Dr. Stephen M. Meritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 Forest Point Ct.
 City Jacksonville State FL Zip Code 32257-5623
 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
 01 / 20 / 2016
Transaction ID : A8BC861122B3947A6B61
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
	<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. Henry N. Merritt Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address **Lauderdale Foot Care Center**
 1160 N. State Rd. 7
 City **Fort Lauderdale** State **FL** Zip Code **33313**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Lauderdale Foot Care Center** Occupation **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A9C158B647475494E8A1
 Amount of Each Receipt this Period **300.00**

B. Dr. Stephen L. Moss
 Full Name (Last, First, Middle Initial)
 Mailing Address **6450 38th Ave. N. #310**
 City **Saint Petersburg** State **FL** Zip Code **33710-1649**
 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 **01 / 20 / 2016**
Transaction ID : A463929F085384B6C9B1
 Amount of Each Receipt this Period **250.00**

C. Dr. Hal Ornstein
 Full Name (Last, First, Middle Initial)
 Mailing Address **Affiliated Foot & Ankle Centers**
 4645 US Hwy. 9 N.
 City **Howell** State **NJ** Zip Code **07731-3324**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Affiliated Foot & Ankle Centers** Occupation **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1009.00**

Date of Receipt **01 / 04 / 2016**
Transaction ID : A47A4275A81BA437681C
 Amount of Each Receipt this Period **1009.00**

SUBTOTAL of Receipts This Page (optional)..... ► **1559.00**
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Stephen S. Pirota
 Full Name (Last, First, Middle Initial)
 Mailing Address **Advanced Foot & Ankle Clinics**
 903 S.E. 22nd St. #1
 City **Bentonville** State **AR** Zip Code **72712-4361**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Advanced Foot & Ankle Clinics** Occupation **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 12 / 2016
Transaction ID : A18B18A826F6A4F2BA5B
 Amount of Each Receipt this Period
500.00

B. Dr. Ronald G. Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address **Foot & Ankle Clinic of MT**
 1301 11th Ave. S. #6
 City **Great Falls** State **MT** Zip Code **59405**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Foot & Ankle Clinic of MT** Occupation **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016
Transaction ID : A13C1415671C548B588A
 Amount of Each Receipt this Period
250.00

C. Dr. Gary A. Raymond
 Full Name (Last, First, Middle Initial)
 Mailing Address **711 Logan Blvd.**
 City **Altoona** State **PA** Zip Code **16602-4165**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self-Employed** Occupation **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : A9853E8352F714C86AA9
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 35
	<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 E. Reiner
Full Name (Last, First, Middle Initial)

Mailing Address The Podiatry Group/The Foot Doctor
637 E. Matthews Ave.

City Jonesboro State AR Zip Code 72401-3145

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 22 / 2016
Transaction ID : **AC22AA96EAE0B49A8A0E**

Amount of Each Receipt this Period
1000.00

B. Dr. Seth A. Rubenstein
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Spec. of the Mid-Atla
1860 Town Center Dr. #220

City Reston State VA Zip Code 20190-5905

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

Name of Employer Foot and Ankle Specilaist of the Mid A Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 04 / 2016
Transaction ID : **A08B53E482FB44D9299F**

Amount of Each Receipt this Period
1000.00

C. Dr. Ali M. Safiedine
Full Name (Last, First, Middle Initial)

Mailing Address 7243 Chase Rd.

City Dearborn State MI Zip Code 48126-1301

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 ▼ 1000.00

Date of Receipt
01 / 30 / 2016
Transaction ID : **A58A91DC9AA86463AB7B**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 27 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. T. Eric Sicheloff
 Full Name (Last, First, Middle Initial)
 Mailing Address Novant Health Triad Foot & Ankle A
 3641 Westgate Center Cir. #A
 City Winston Salem State NC Zip Code 27103-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Associates 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
 01 / 29 / 2016
Transaction ID : AE1071A3EA5E14CE0A90
 Amount of Each Receipt this Period
 350.00

B. Dr. Janet Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Associates of NM
 8300 Carmel Ave. N.E. #501
 City Albuquerque State NM Zip Code 87122-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : AB1B6FE8D66B941299B4
 Amount of Each Receipt this Period
 900.00

C. 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : AABC056BE944D4503BAE
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 28 OF 35
	<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. Mr. Matt Solak
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Ohio St. #780

City Indianapolis	State IN	Zip Code 46204-1995
----------------------	-------------	------------------------

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

Name of Employer Indiana Podiatric Medical Assn.	Occupation Executive Director
---	----------------------------------

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
01	/	04	/	2016

Transaction ID : A5B6947E7776C405C946

Amount of Each Receipt this Period
500.00

B. Mr. Matt Solak
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Ohio St. #780

City Indianapolis	State IN	Zip Code 46204-1995
----------------------	-------------	------------------------

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

Name of Employer Indiana Podiatric Medical Assn.	Occupation Executive Director
---	----------------------------------

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
01	/	30	/	2016

Transaction ID : AB337AE27A40D4511926

Amount of Each Receipt this Period
500.00

c. Dr. Steven M. Spinner
Full Name (Last, First, Middle Initial)

Mailing Address 201 N. University Dr. #110

City Plantation	State FL	Zip Code 33324-2039
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2016

Transaction ID : A1CC18D452B1B414D91A

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Frank A. Spinosa		Date of Receipt MM / DD / YYYY 01 / 04 / 2016 Transaction ID : AB67B7599B1A64757983
Mailing Address P.O. Box 72		Amount of Each Receipt this Period 1000.00
City Shelter Island	State NY	Zip Code 11964-0072
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. James V. Stelnicki		Date of Receipt MM / DD / YYYY 01 / 16 / 2016 Transaction ID : A7C27E20A346E4EFE878
Mailing Address 6543 Madison St.		Amount of Each Receipt this Period 300.00
City New Port Richey	State FL	Zip Code 34652-1926
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary F. Stones		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : AADFFD0A832524E2A954
Mailing Address 566 Broadway		Amount of Each Receipt this Period 1000.00
City Massapequa	State NY	Zip Code 11758-5017
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 31 OF 35
	<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. Samir S. Vakil
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Centers of Charlotte
352 Milus St.

City Punta Gorda State FL Zip Code 33950-4552

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

Name of Employer Foot & Ankle Centers of Charlotte Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 15 / 2016
Transaction ID : ACBFD340D863F440FA7C

Amount of Each Receipt this Period 300.00

B. Dr. Phillip E. Ward
Full Name (Last, First, Middle Initial)

Mailing Address Central Carolina Foot & Ankle Asso
4119 Capital St.

City Durham State NC Zip Code 27704-2153

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

Name of Employer Carolina Health Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2016
Transaction ID : AE51CDB17A0CE43CFB60

Amount of Each Receipt this Period 1000.00

C. Dr. Corin Q. Wilde
Full Name (Last, First, Middle Initial)

Mailing Address Wilde Foot & Ankle Clinic
407 E. Centennial Dr.

City Pittsburg State KS Zip Code 66762-6505

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

Name of Employer Wilde Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 19 / 2016
Transaction ID : A22B686E963C440EF8C4

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 35
	<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. Wendy Sue Winckelbach
 Full Name (Last, First, Middle Initial)
 Mailing Address Southside Foot Clinic
 33 E. County Line Rd. #B
 City Greenwood State IN Zip Code 46143-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southside Foot Clinic 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
01 / 24 / 2016
Transaction ID : A1C0F6F7A9B1A40E9BA2
 Amount of Each Receipt this Period
300.00

B. Dr. Walter Zelasko
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Associates of the Tri
 3641 Westgate Center Cir. #A
 City Winston Salem State NC Zip Code 27103-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot And Ankle Associates of the Triad 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
01 / 29 / 2016
Transaction ID : AB2A76AD0960142A3A0F
 Amount of Each Receipt this Period
300.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	43215.00

**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. CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)

Mailing Address PO BOX 98629

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Rep Ellmers LPAC 2016 Donation

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	6

Transaction ID : BCA6A4D11E8D84F54B1F

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 2nd Floor
430 S. Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

State:

District:

Date of Disbursement

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

Transaction ID : B442E10B08DF84E12BAC

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

State:

District:

Date of Disbursement

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

Transaction ID : B7F3C0E333F944755A77

Amount of Each Disbursement this Period

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

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC, The

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement LPAC 2016 (Sen. Grassley)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : B7309FDB063784660A8A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : BB8A5D206862D424E883

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : B7FF0C053538D4CA0B34

Amount of Each Disbursement this Period

15000.00

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

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

35000.00

