

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		310035.85
(b) Cash on Hand at Beginning of Reporting Period.....	310035.85	
(c) Total Receipts (from Line 19)	48113.00	48113.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	358148.85	358148.85
7. Total Disbursements (from Line 31).....	60000.00	60000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	298148.85	298148.85
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38206.00	38206.00
(ii) Unitemized	9907.00	9907.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48113.00	48113.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48113.00	48113.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	48113.00	48113.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48113.00	48113.00

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	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.....	60000.00	60000.00
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)) ..	60000.00	60000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60000.00	60000.00

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)	48113.00	48113.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48113.00	48113.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<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

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. Glenn B. Gastwirth
Full Name (Last, First, Middle Initial)

Mailing Address 12401 Willow Green Ct

City Potomac State MD Zip Code 20854-3044

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 / 02 / 2015
Transaction ID : A65705080FB24401FBCB

Amount of Each Receipt this Period 1000.00

B. Dr. Mark E. Reiner
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Abernathy Lake Cove

City Jonesboro State AR Zip Code 72404-8403

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 ▼ 1001.00

Date of Receipt 01 / 06 / 2015
Transaction ID : A198DA109523345248D2

Amount of Each Receipt this Period 1001.00

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 ▼ 500.00

Date of Receipt 01 / 09 / 2015
Transaction ID : A682205021937425D9AC

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2501.00

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 29
	<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. Tad Fennar
Full Name (Last, First, Middle Initial)

Mailing Address 1300 W. 6th St. #2

City San Pedro State CA Zip Code 90732-3531

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 01 / 16 / 2015
Transaction ID : A077860E8A62047F3ADA

Amount of Each Receipt this Period 300.00

B. Dr. Andrew Brian Green
Full Name (Last, First, Middle Initial)

Mailing Address Atlantic Podiatry Associates
1890 LPGA Blvd. #230

City Daytona Beach State FL Zip Code 32117-2819

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

Name of Employer Atlantic Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 16 / 2015
Transaction ID : A090311AE46F54EFDA4A

Amount of Each Receipt this Period 250.00

C. Dr. Richard A. Bellacosa
Full Name (Last, First, Middle Initial)

Mailing Address 7 Tanner Woods

City San Antonio State TX Zip Code 78248-1629

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

Name of Employer San Antonio Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2015
Transaction ID : AACBB7217941649BF945

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Janet Simon		Date of Receipt MM / DD / YYYY 01 / 18 / 2015 Transaction ID : A7379CFDEB5F84CCDA1E
Mailing Address 725 Van Buren Pl. S.E.		Amount of Each Receipt this Period 1000.00
City Albuquerque	State NM	Zip Code 87108-3555
FEC ID number of contributing federal political committee. C	Name of Employer Podiatry Associates of NM	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. G. Gregg Neibauer		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 Transaction ID : AE3A84D3723F54B55BDC
Mailing Address Alpine Foot & Ankle Clinic 1845 Bancroft St.		Amount of Each Receipt this Period 500.00
City Missoula	State MT	Zip Code 59801-5747
FEC ID number of contributing federal political committee. C	Name of Employer Alpine Foot & Ankle Clinic	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary A. Raymond		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 Transaction ID : A327C0E50D1A14844B71
Mailing Address 1760 Frankstown Rd. Rd. 4 Box 148		Amount of Each Receipt this Period 500.00
City Hollidaysburg	State PA	Zip Code 16648-7184
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 ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 29
	(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. John E. Baker
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Care Center
6317 Sealawn Dr.

City Spring Hill State FL Zip Code 34607-2638

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

Name of Employer Foot & Ankle Care Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 21 / 2015
Transaction ID : A3D076DE7E55B4EB8BF2

Amount of Each Receipt this Period
300.00

B. Dr. Thomas P. Broner
Full Name (Last, First, Middle Initial)

Mailing Address 1354 Pinewood Rd.

City Jacksonville Beach State FL Zip Code 32250-2931

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
01 / 21 / 2015
Transaction ID : ACEBA95A37778417C89A

Amount of Each Receipt this Period
300.00

C. Dr. Paul Davis Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 2201 E. Nine Mile Rd.

City Pensacola State FL Zip Code 32514-7772

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
01 / 21 / 2015
Transaction ID : AE6D78F71CE3741BBA04

Amount of Each Receipt this Period
300.00

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 11 OF 29
	<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. Albert R. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 5714 Guava Dr.
 City Tamarac State FL Zip Code 33319-3018
 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 / 21 / 2015
Transaction ID : A5BC8682930464BD2A95
 Amount of Each Receipt this Period
 1000.00

B. Dr. Ruth Ann Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Rd. #200
 City Cincinnati State OH Zip Code 45245-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : A62D676E0FDB24190911
 Amount of Each Receipt this Period
 2500.00

C. Mr. Michael Q. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 757 Poplar Church Rd.
 City Camp Hill State PA Zip Code 17011-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Podiatric Medical Assoc.
 Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : A8EF96998999C4648859
 Amount of Each Receipt this Period
 301.00

SUBTOTAL of Receipts This Page (optional).....▶	3801.00
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 29
	<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. 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	/	D D	/	Y Y Y Y
01	/	21	/	2015

Transaction ID : A101E44C4DAFA4B62887

Amount of Each Receipt this Period
250.00

B. Dr. W. Christopher Fleming

Full Name (Last, First, Middle Initial)
Mailing Address 3008 S.W. 41st Ln.

City Ocala	State FL	Zip Code 34474-5860
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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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2015

Transaction ID : A012A4546BD9F4AC9A01

Amount of Each Receipt this Period
500.00

C. Dr. Dennis R. Frisch

Full Name (Last, First, Middle Initial)
Mailing Address 1070 S.W. 19th St.

City Boca Raton	State FL	Zip Code 33486-6830
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FEC ID number of contributing federal political committee. **C**

Name of Employer Boca Raton Podiatry	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2015

Transaction ID : AB72B428A6B59414E856

Amount of Each Receipt this Period
1000.00

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: PAGE 13 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : ADFB7FFAAB4E64A4CB01
 Amount of Each Receipt this Period
 1000.00

B. Dr. Barney A. Greenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 16283 Cayuga Cir.
 City Davie State FL Zip Code 33331-2155
 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : ACF90D309155548FAB45
 Amount of Each Receipt this Period
 1250.00

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
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : AD08D95A259DC489791B
 Amount of Each Receipt this Period
 500.00

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:	PAGE 14 OF 29
	(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. Jeff Daniel Kopelman
 Full Name (Last, First, Middle Initial)
 Mailing Address Jeff D. Kopelman, DPM, P.A.
 4423 Central Ave.
 City Saint Petersburg State FL Zip Code 33713-8232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jeff D. Kopelman, DPM, P.A. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 21 / 2015**
Transaction ID : A4DECE2C9592049DBA94
 Amount of Each Receipt this Period **300.00**

B. Dr. Stephen M. Meritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 W. 8th St.
 City Jacksonville State FL Zip Code 32206-4332
 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 / 21 / 2015**
Transaction ID : A87F2614A0FC94B21A85
 Amount of Each Receipt this Period **500.00**

C. Dr. Joseph H. Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 2990 Longbrooke Way
 City Clearwater State FL Zip Code 33760-1719
 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 / 21 / 2015**
Transaction ID : AFC151D0C12AF41C486B
 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 15 OF 29
	<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. Andre M. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Millport St.
 City Port Charlotte State FL Zip Code 33948-7754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Centers of Charlotte Coun 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 / 21 / 2015
Transaction ID : AC46A163D64DE41B0B77
 Amount of Each Receipt this Period
300.00

B. Dr. Arlo H. Yaege
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Centers of Charlotte 352 Milus St.
 City Punta Gorda State FL Zip Code 33950
 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 / 21 / 2015
Transaction ID : A7079528C2E3B4AEB917
 Amount of Each Receipt this Period
300.00

C. Dr. Michael A. Conway
 Full Name (Last, First, Middle Initial)
 Mailing Address Massapequa Foot Care 892 N. Broadway
 City North Massapequa State NY Zip Code 11758-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massapequa Foot Care 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 / 22 / 2015
Transaction ID : A8880DFA45E7B46BF8FB
 Amount of Each Receipt this Period
1000.00

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 16 OF 29
	<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. Patrick A. DeHeer
 Full Name (Last, First, Middle Initial)
 Mailing Address Hoosier Foot & Ankle
 1159 W. Jefferson St. #204
 City Franklin State IN Zip Code 46131-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoosier Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : A5F0905B0F96F4F55818
 Amount of Each Receipt this Period
2500.00

B. 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 / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : AE8B99EEB020640C8BC1
 Amount of Each Receipt this Period
300.00

C. Dr. William N. McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Jonathan Ln.
 City Bow State NH Zip Code 03304-3713
 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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2015
Transaction ID : A29F319A755034C1B82A
 Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional).....	3350.00
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 17 OF 29
	(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. Mark E. Reiner
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Abernathy Lake Cove

City Jonesboro State AR Zip Code 72404-8403

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 ▼ 1555.00

Date of Receipt 01 / 24 / 2015
Transaction ID : A3157DA9D5E034962A6F

Amount of Each Receipt this Period 554.00

B. Dr. Thomas A. Berens
Full Name (Last, First, Middle Initial)

Mailing Address Gainesville Podiatry Associates
915 N.W. 56th Ter.

City Gainesville State FL Zip Code 32605-6408

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2015
Transaction ID : A52163C7F0C184264ACA

Amount of Each Receipt this Period 300.00

C. 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 / 26 / 2015
Transaction ID : ADE17AB5B6DB7496BB6A

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....	1354.00
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 29
	<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. Edward Daly
Full Name (Last, First, Middle Initial)

Mailing Address Citrus Podiatry Center, P.A.
P.O. Box 1120

City Lecanto State FL Zip Code 34460-1120

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

Name of Employer Citrus Podiatry Center, P.A. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 26 / 2015
Transaction ID : A74FC9E31B35E41AFB2C

Amount of Each Receipt this Period
300.00

B. Dr. David B. Danielson
Full Name (Last, First, Middle Initial)

Mailing Address 212 Gulf Dr.

City Venice State FL Zip Code 34285-3712

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
01 / 26 / 2015
Transaction ID : A982CB10CF5494C09A19

Amount of Each Receipt this Period
300.00

C. Dr. John R. Heiser
Full Name (Last, First, Middle Initial)

Mailing Address Gainesville Podiatry Associates
915 N.W. 56th Ter.

City Gainesville State FL Zip Code 32605-6408

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 26 / 2015
Transaction ID : A2B7B294F33EB448FAD7

Amount of Each Receipt this Period
300.00

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 19 OF 29
	<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

Full Name (Last, First, Middle Initial) A. Dr. Joseph E. Kiefer		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 Transaction ID : AF645544CD9A345E4A31
Mailing Address Gulf Coast Podiatry 1851 N. 9th Ave.		Amount of Each Receipt this Period 300.00
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: <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) B. Dr. Elliott S. Lampert		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 Transaction ID : ACDCDD388838E4955A2B
Mailing Address 1437 S.W. 1st St.		Amount of Each Receipt this Period 300.00
City Miami	State FL	Zip Code 33135-2202
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. Ryan J. Pereira		Date of Receipt MM / DD / YYYY 01 / 26 / 2015 Transaction ID : AF2605FDA6C304054B55
Mailing Address 1301 Plantation Island Dr. #203A		Amount of Each Receipt this Period 500.00
City Saint Augustine	State FL	Zip Code 32080-3111
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 ▼ 500.00	

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 20 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Dr. Ross E. Taubman
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Insurance Company of Amer
 3000 Meridian Blvd. #400
 City Franklin State TN Zip Code 37067-9900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatric Insurance Company of America 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 / 26 / 2015
Transaction ID : A3D67237371DC428E958
 Amount of Each Receipt this Period
 1000.00

B. Dr. Timothy Tillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 12276 San Jose Blvd. #606
 City Jacksonville State FL Zip Code 32223-8672
 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 / 26 / 2015
Transaction ID : AE8C043B649CC495C960
 Amount of Each Receipt this Period
 300.00

C. Dr. Samir S. Vakil
 Full Name (Last, First, Middle Initial)
 Mailing Address 25311 Narwhal Ln.
 City Punta Gorda State FL Zip Code 33983-5916
 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
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : ADD481BAB26434AC3A30
 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 21 OF 29
	<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. Maria A. Branca
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Midland Ave.
 City Yonkers State NY Zip Code 10704-1092
 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 / 27 / 2015
Transaction ID : A482331EC995D4A9A832
 Amount of Each Receipt this Period
 500.00

B. Dr. Evelyn M. Cloud IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 8211 Mar Del Plata St. E.
 City Jacksonville State FL Zip Code 32256-7349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : AAD40AE8195B148F6940
 Amount of Each Receipt this Period
 500.00

c. Dr. Mitchell A. Cooperman
 Full Name (Last, First, Middle Initial)
 Mailing Address 346 S. Oyster Bay Rd.
 City Syosset State NY Zip Code 11791-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : AD3D41A63E6734B49B16
 Amount of Each Receipt this Period
 250.00

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 22 OF 29
	<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. Vanessa M. Darmochwal
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Hasbrouck Ave.
 City Highland State NY Zip Code 12528-1728
 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 / 27 / 2015
Transaction ID : A17C9BAD420C84D248BA
 Amount of Each Receipt this Period
 300.00

B. Dr. R. Daniel Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clement Ln.
 City Orange State CT Zip Code 06477-2803
 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 / 27 / 2015
Transaction ID : A18F31C8CFF5F4A128E4
 Amount of Each Receipt this Period
 1000.00

C. Dr. Freddie L. Edelman
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Services of Central NY
 514 S. Bay Rd.
 City North Syracuse State NY Zip Code 13212-3627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Services of Central NY
 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 / 27 / 2015
Transaction ID : A778A1DA4372C410EB7D
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr. Bradley Charles Haves
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 N.W. 14th Ave.
 City Miami State FL Zip Code 33125-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : A8BE86E8240724BF5A0E
 Amount of Each Receipt this Period
 300.00

B. Dr. Ronald D. Jensen
 Full Name (Last, First, Middle Initial)
 Mailing Address Sutter Gould Medical Foundation
 600 Coffee Rd.
 City Modesto State CA Zip Code 95355-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Gould Medical Foundation
 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 / 27 / 2015
Transaction ID : A97D4FDEC90A34CB7B40
 Amount of Each Receipt this Period
 1000.00

C. Dr. Alvin J. Kanegis
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Page Ln.
 City Westbury State NY Zip Code 11590-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : ABFDAC6AA9BF34146AA5
 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 24 OF 29
	<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. Todd Rotwein
Full Name (Last, First, Middle Initial)

Mailing Address 33 Front St. #306

City Hempstead State NY Zip Code 11550-3601

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 / 27 / 2015
Transaction ID : AD1587B186E794184803

Amount of Each Receipt this Period 250.00

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

Mailing Address 1322 Pavilion Club Way

City Reston State VA Zip Code 20194-1338

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 / 27 / 2015
Transaction ID : ADE9F8D7D85A74B5F970

Amount of Each Receipt this Period 1000.00

C. Dr. Lawrence A. Santi
Full Name (Last, First, Middle Initial)

Mailing Address 31 Mayflower Ave.

City Williston Park State NY Zip Code 11596-1517

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 / 27 / 2015
Transaction ID : A37AE6C807A3A4BA9B5A

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 25 OF 29
	<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. Andrew Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 172 Lagoon Dr. W.

City Lido Beach State NY Zip Code 11561-4916

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 / 27 / 2015
Transaction ID : ACD145C376964170BB8

Amount of Each Receipt this Period 500.00

B. Dr. Eric G. Walter
Full Name (Last, First, Middle Initial)

Mailing Address 28 Dorchester Rd.

City Rockville Centre State NY Zip Code 11570-2022

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 01 / 27 / 2015
Transaction ID : A13626654EEAB4F0EB47

Amount of Each Receipt this Period 300.00

C. Mr. Randy B. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Aicholtz Rd

City Cincinnati State OH Zip Code 45245-1506

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

Name of Employer Ruth Ann Cooper, DPM Occupation Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 30 / 2015
Transaction ID : A3F876344D49D45398EE

Amount of Each Receipt this Period 300.00

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 26 OF 29
	<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. Andrew C. Schink
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Cameo Dr.
 City Eugene State OR Zip Code 97405-5897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : A9DA1830CEA9F4C92AB2
 Amount of Each Receipt this Period
 250.00

B. Dr. James V. Stelnicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 6543 Madison St.
 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: 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 / 2015
Transaction ID : A3988614EAFDB44AEB28
 Amount of Each Receipt this Period
 500.00

C. Dr. Alan P. Bocko
 Full Name (Last, First, Middle Initial)
 Mailing Address Chapel Hill Foot & Ankle Assoc.
 1506 E. Franklin St. #104
 City Chapel Hill State NC Zip Code 27514-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chapel Hill Foot & Ankle Assoc.
 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 / 31 / 2015
Transaction ID : A779CDD71121C43D89F1
 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: PAGE 27 OF 29
(check only one)

<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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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. Full Name (Last, First, Middle Initial)
Dr. Frederick Samuel Mechanik

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
01 / 31 / 2015

Transaction ID : A40DF56AEAD584B9C891

Amount of Each Receipt this Period
500.00

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	38206.00

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Form A: Democratic Congressional Campaign Committee. Includes fields for Mailing Address (430 S. Capitol Street), City (Washington, DC), Purpose of Disbursement, Candidate Name, Office Sought (Senate), Disbursement For (2015), and Date of Disbursement (01/30/2015). Transaction ID: B2BD9CC9D30E54B71BAD. Amount: 15000.00.

Form B: Democratic Senatorial Campaign Committee. Includes fields for Mailing Address (120 Maryland Avenue, NE), City (Washington, DC), Purpose of Disbursement, Candidate Name, Office Sought (Senate), Disbursement For (2015), and Date of Disbursement (01/30/2015). Transaction ID: B911B07CD2709430F868. Amount: 15000.00.

Form C: National Republican Congressional Committee. Includes fields for Mailing Address (320 First Street, S.E.), City (Washington, DC), Purpose of Disbursement, Candidate Name, Office Sought (Senate), Disbursement For (2015), and Date of Disbursement (01/30/2015). Transaction ID: B555CBBB735774B6287D. Amount: 15000.00.

SUBTOTAL of Disbursements This Page (optional) 45000.00
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"/> 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

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

State: District:

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

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : B55348DCA740F4595826

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

15000.00

60000.00