

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Dr. Randy K. Kaplan [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="494355.15"/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="640266.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28932.50"/>	<input type="text" value="308944.00"/>
(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="669199.15"/>	<input type="text" value="803299.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32000.00"/>	<input type="text" value="166100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="637199.15"/>	<input type="text" value="637199.15"/>
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: / / 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).....	13086.00	207654.00
(ii) Unitemized	15846.50	101290.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28932.50	308944.00
(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)	28932.50	308944.00
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))..... ▶	28932.50	308944.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28932.50	308944.00

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.....	32000.00	166100.00
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)) ..	32000.00	166100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	166100.00

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)	28932.50	308944.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28932.50	308944.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Per-RFAI: Re-designated Price for Congress from primary election to general election. Re-designated Pallone for Congress from primary election to general election. As a result of this on 9/30/2014 we sent a request letter to Pallone for Congress asking for a refund of \$2,500 - copy of the letter has been mailed to FEC (attn: David Butler) for your review.

Form/Schedule:
Transaction ID:

**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 28
	<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. Scott Altman
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 E. 61st St. # D1
 City New York State NY Zip Code 10065
 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
 06 / 01 / 2014
Transaction ID : A41F0A08F133A4EB3AF8
 Amount of Each Receipt this Period
250.00

B. Dr. Joseph W. Cavuto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1575 Hillside Ave.
 City New Hyde Park State NY Zip Code 11040
 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
 06 / 01 / 2014
Transaction ID : AF58A67EAE9F345A88B7
 Amount of Each Receipt this Period
1000.00

C. Dr. Les J. Glubo
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 E. 42nd St. #2901
 City New York State NY Zip Code 10168
 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
 06 / 01 / 2014
Transaction ID : A610FE0EE790044C69D8
 Amount of Each Receipt this Period
250.00

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 8 OF 28
	(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. Emilio A. Goetz
Full Name (Last, First, Middle Initial)

Mailing Address 294 W. Merrick Rd. #8

City Freeport State NY Zip Code 11520

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
06 / 01 / 2014

Transaction ID : AABA1B2D5DBE646CD8D

Amount of Each Receipt this Period
500.00

B. Dr. Matthew Kassnove
Full Name (Last, First, Middle Initial)

Mailing Address 28 Deepdale Dr.

City Commack State NY Zip Code 11725

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
06 / 01 / 2014

Transaction ID : A29D07D0CE9F04163823

Amount of Each Receipt this Period
250.00

C. Dr. Daniel B. Keating
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Main St. #214

City Buffalo State NY Zip Code 14214

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 ▼ 450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : AC0E7C438D6214BC2A6A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 28
<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. Laurence D. Landau
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 416
 City Bethpage State NY Zip Code 11714
 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
 06 / 01 / 2014
Transaction ID : AA1D09A0A4B9C47CAB05
 Amount of Each Receipt this Period
250.00

B. Dr. Bruce J. McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Montauk Hwy.
 City West Islip State NY Zip Code 11795
 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
 06 / 01 / 2014
Transaction ID : AF8A084E607A540718E7
 Amount of Each Receipt this Period
250.00

C. Dr. Raymond J. Mollica
 Full Name (Last, First, Middle Initial)
 Mailing Address 8223 14th Ave.
 City Brooklyn State NY Zip Code 11228
 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
 06 / 01 / 2014
Transaction ID : A3F1DCE3BC1A94F1A8C6
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
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 28
	<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. Charles M. Morelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 E. Boston Post Rd.
 City Mamaroneck State NY Zip Code 10543
 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
 06 / 01 / 2014
Transaction ID : ADC95DE8FCAB44A47B3/
 Amount of Each Receipt this Period
 200.00

B. Dr. Douglas A. O'Heir
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 Silver St.
 City Waterville State ME Zip Code 04901
 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 ▼ 301.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2014
Transaction ID : A69A3048E0D3E42AA977
 Amount of Each Receipt this Period
 1.00

C. Dr. Todd Rotwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Front St. #306
 City Hempstead State NY Zip Code 11550
 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
 06 / 01 / 2014
Transaction ID : A1B4F74893ABE48789F3
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	451.00
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 28
	<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. Gino Scartozzi
Full Name (Last, First, Middle Initial)

Mailing Address New Hyde Park Podiatry
2 Aberdeen Rd.

City New Hyde Park State NY Zip Code 11040

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

Name of Employer New Hyde Park Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 01 / 2014
Transaction ID : **A90AA16E9DBB64DB8A42**

Amount of Each Receipt this Period
250.00

B. Dr. Martin J. Faasse
Full Name (Last, First, Middle Initial)

Mailing Address Fairlanes Medical Center
3550 Fairlanes Ave. S.W., P.O. Box

City Grandville State MI Zip Code 49468

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

Name of Employer Fairlanes Medical Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 03 / 2014
Transaction ID : **A48FA0A32DF08445B9AD**

Amount of Each Receipt this Period
300.00

C. Dr. Michele Nicole Kurlanski
Full Name (Last, First, Middle Initial)

Mailing Address Lighthouse Foot & Ankle Center
15 Sewall St. #2

City Portland State ME Zip Code 04102

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
06 / 04 / 2014
Transaction ID : **AFA6A55CB88A9462A9EA**

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 108A Smart Pl.
 City Slidell State LA Zip Code 70458
 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 ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : AEF80BCE0EC3D4951851
 Amount of Each Receipt this Period
 150.00

B. Dr. Alan R. Catanzariti
 Full Name (Last, First, Middle Initial)
 Mailing Address 4955 Steubenville Pk. #180
 Twin Towers
 City Pittsburgh State PA Zip Code 15205
 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
 06 / 10 / 2014
Transaction ID : AD88024C3C3C549D49A8
 Amount of Each Receipt this Period
 250.00

C. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1747 Imperial Blvd.
 City Lake Charles State LA Zip Code 70605
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : AFE345BFFD8CB4257A65
 Amount of Each Receipt this Period
 500.00

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 13 OF 28
	<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. Louis M. Sempek
Full Name (Last, First, Middle Initial)

Mailing Address 1401 E. Gold Coast Rd. #100

City Papillion	State NE	Zip Code 68046
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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 ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2014

Transaction ID : ADEA8EC158195487480F

Amount of Each Receipt this Period

200.00

B. Dr. Karla L. Stipati
Full Name (Last, First, Middle Initial)

Mailing Address 6N446 Brierwood Dr.

City Saint Charles	State IL	Zip Code 60175
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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 ▼ **275.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2014

Transaction ID : AFF36CD964E30488BA21

Amount of Each Receipt this Period

125.00

C. Dr. Shelley Lynn Hogue
Full Name (Last, First, Middle Initial)

Mailing Address 12455 E. 100th St. N. #290

City Owasso	State OK	Zip Code 74055
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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 ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : AE2F44D7D825C47848BA

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....	625.00
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 28
	(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. Mark Andrew Lambert		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address Pensacola Foot & Ankle Center 4850 N. 9th Ave.		Transaction ID : A1BF9A6B8231C4735ACA
City Pensacola	State FL	Zip Code 32503
FEC ID number of contributing federal political committee.	C	
Name of Employer Pensacola Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) B. Dr. Joseph William Bonura		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 226-A St. Joe Plaza Dr. #127		Transaction ID : ABC9B096327114A8BACB
City Palm Coast	State FL	Zip Code 32164
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	
		Amount of Each Receipt this Period 300.00

Full Name (Last, First, Middle Initial) C. Dr. Paul Davis Brooks		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 2201 E. Nine Mile Rd.		Transaction ID : A61611428C50241C5AB8
City Pensacola	State FL	Zip Code 32514
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 ▼ 900.00	
		Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
	<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. Roberta Giudice-Teller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 N.W. 6th St.
 City Gainesville State FL Zip Code 32601
 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 **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : AD80565BC0E64408AAD5
 Amount of Each Receipt this Period
500.00

B. Dr. Alan Hartstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Park Ave.
 City Lake Park State FL Zip Code 33403
 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
 06 / 18 / 2014
Transaction ID : A2BD40A9C2DD946DB902
 Amount of Each Receipt this Period
100.00

c. Dr. Thomas S. Matysik
 Full Name (Last, First, Middle Initial)
 Mailing Address 2246 Hwy. 44 W.
 City Inverness State FL Zip Code 34453
 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
 06 / 18 / 2014
Transaction ID : AA976C196E9AE4D68852
 Amount of Each Receipt this Period
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 16 OF 28
	<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. Loren J. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 4167 5th Ave. N.
 City Saint Petersburg State FL Zip Code 33713
 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
 06 / 18 / 2014
Transaction ID : ADDC4F5296C9B41C7856
 Amount of Each Receipt this Period
100.00

B. Dr. Melvin Bernard Price
 Full Name (Last, First, Middle Initial)
 Mailing Address Riverview Foot & Ankle Specialists
 300 Riverside Dr. E. #1500
 City Bradenton State FL Zip Code 34208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverview Foot & Ankle Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 18 / 2014
Transaction ID : A154564EFCC294BF8A64
 Amount of Each Receipt this Period
300.00

C. Dr. Michael N. Price
 Full Name (Last, First, Middle Initial)
 Mailing Address FL Foot & Ankle Physicians
 643 Cape Coral Pkwy. E. #D
 City Cape Coral State FL Zip Code 33904-8549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FL Foot & Ankle Physicians Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 06 / 18 / 2014
Transaction ID : A3EBAFFD549BC4D61A9A
 Amount of Each Receipt this Period
500.00

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 17 OF 28
	<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. Gary S. Wallach
Full Name (Last, First, Middle Initial)

Mailing Address Coral Ridge Podiatry
2737 E. Oakland Park Blvd.

City Fort Lauderdale State FL Zip Code 33306-1641

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 ▼ 450.00

Date of Receipt
06 / 18 / 2014
Transaction ID : **A803349F580F64BC9BE0**

Amount of Each Receipt this Period
150.00

B. Dr. Andre M. Williams
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 Foot & Ankle Centers of Charlotte Coun Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 18 / 2014
Transaction ID : **AF5DB3E6041F04F7BABA**

Amount of Each Receipt this Period
300.00

C. Dr. Steve R. Feller
Full Name (Last, First, Middle Initial)

Mailing Address 7507 Custer Rd. W.

City Tacoma State WA Zip Code 98499

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
06 / 19 / 2014
Transaction ID : **A61757B2EECFD4E2BBF2**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 28
<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. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1747 Imperial Blvd.
 City Lake Charles State LA Zip Code 70605
 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
 06 / 20 / 2014
Transaction ID : A6F534D53368B4DB2A3C
 Amount of Each Receipt this Period
 100.00

B. Dr. Gary S. Sapphire
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 Avenue P
 City Brooklyn State NY Zip Code 11204-4934
 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 ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : AB0C4C9EDB5FD496CAAE
 Amount of Each Receipt this Period
 85.00

C. Dr. Jill Robin Berlin
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 146
 City Lake Forest State CA Zip Code 92609
 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
 06 / 23 / 2014
Transaction ID : A3833B152830A4B25828
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 28
<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

Full Name (Last, First, Middle Initial) A. Dr. Carla Isabel Docharty		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2014 Transaction ID : A6E16620B160045C1AA3
Mailing Address 3800 J St. #200		Amount of Each Receipt this Period 300.00
City Sacramento	State CA	Zip Code 95816
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) B. Dr. Gary R. Dorfman		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2014 Transaction ID : A34D99D012AB248CAA59
Mailing Address 3005 Haddon Dr.		Amount of Each Receipt this Period 300.00
City Las Vegas	State NV	Zip Code 89134
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. Robert E. Marra		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2014 Transaction ID : A002DB3A7F9B1400295F
Mailing Address 1379 Enfield St.		Amount of Each Receipt this Period 125.00
City Enfield	State CT	Zip Code 06082
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).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 28
	<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. Jack Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 500 N. Garfield Ave. #108

City Monterey Park State CA Zip Code 91754

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
06 / 23 / 2014
Transaction ID : AC848386B07FE41BAA4D

Amount of Each Receipt this Period
300.00

B. Dr. Felix Sigal
Full Name (Last, First, Middle Initial)

Mailing Address 19717 Falcon Crest Way

City Northridge State CA Zip Code 91326-4020

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
06 / 23 / 2014
Transaction ID : AF906B470FDE14B59A5E

Amount of Each Receipt this Period
250.00

c. Dr. Gregory W. Bryan
Full Name (Last, First, Middle Initial)

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

City Shreveport State LA Zip Code 71106

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

Name of Employer Occupation Ark LA TexFoot Specialists, LLC Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 24 / 2014
Transaction ID : AB98573796A33413FAED

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 28
	<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. Philip Wayne Holloway		Date of Receipt MM / DD / YYYY 06 / 24 / 2014 Transaction ID : A410299B58137494B94C
Mailing Address 727 E. Court St.		Amount of Each Receipt this Period 50.00
City Paris	State IL	Zip Code 61944
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Elliot N. Michael		Date of Receipt MM / DD / YYYY 06 / 24 / 2014 Transaction ID : AA48FC59710E54A59AE6
Mailing Address Hillsboro Foot Clinic 862 S.E. Oak St. #1A		Amount of Each Receipt this Period 250.00
City Hillsboro	State OR	Zip Code 97123
FEC ID number of contributing federal political committee. C		
Name of Employer Hillsboro Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jason W. Rockwood		Date of Receipt MM / DD / YYYY 06 / 24 / 2014 Transaction ID : AE5F8325E64344261B98
Mailing Address Foot & Ankle Associates, Inc. 2019 Galisteo St. #K		Amount of Each Receipt this Period 50.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		
Name of Employer Glacier Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 28
	<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. Jason Kendell Boudreau
 Full Name (Last, First, Middle Initial)
 Mailing Address Prospect Medical Commons
 2311 N. Prospect Ave. #4A
 City Milwaukee State WI Zip Code 53212
 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
 06 / 26 / 2014
Transaction ID : A436A2F5782404FB888A
 Amount of Each Receipt this Period
500.00

B. Dr. Craig H. Thomajan
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Foot & Ankle Specialists
 5000 Bee Cave Rd. #202
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014
Transaction ID : AF67ACEBBD8474F399D6
 Amount of Each Receipt this Period
100.00

C. Dr. Susan M. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 103
 City Readville State MA Zip Code 02137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Care Specialists of Boston Med. C 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
 06 / 26 / 2014
Transaction ID : A06D288A7A85B4041BC6
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....	750.00
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 28
	<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. Roland A. Palmquist
Full Name (Last, First, Middle Initial)

Mailing Address Parker Indian Health Center
12033 Agency Rd.

City Parker State AZ Zip Code 85344

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

Name of Employer Parker Indian Health Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 27 / 2014
Transaction ID : A078F394663034204853

Amount of Each Receipt this Period
500.00

B. Dr. Heather Renee McGuire
Full Name (Last, First, Middle Initial)

Mailing Address Pacific Foot & Ankle Care
2961 Loma Vista Rd.

City Ventura State CA Zip Code 93003

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
06 / 30 / 2014
Transaction ID : A88121764A1E94762811

Amount of Each Receipt this Period
250.00

C. Dr. James V. Stelnicki
Full Name (Last, First, Middle Initial)

Mailing Address 6543 Madison St.

City New Port Richey State FL Zip Code 34652

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
06 / 30 / 2014
Transaction ID : AE3257DD68AEC46DD807

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).....▶	13086.00

**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. Boehner for Speaker

Mailing Address Attn: Caitlin Wohlfarth
631-B Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Pennsylvania Fundraiser with Pitts

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2014			

Transaction ID : B505419E367BD428E841

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

Candidate Name

Rep. Bobby L. Rush

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2014			

Transaction ID : B4E4206546C624891A43

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

Candidate Name

Rep. Jim A. McDermott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2014			

Transaction ID : B8C1A69CED38C4B59915

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Lois Capps

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President

State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : B1DF6CC03B7E64B1DB3A

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address 309 N Baldwin St

City State Zip Code
Madison WI 53703

Purpose of Disbursement

Candidate Name

Rep. Mark Pocan

Office Sought: House
 Senate
 President

State: WI District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : BBCD30924383D46889F4

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : BA7F7BD6CC329469FB75

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	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. Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President

State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : B0D415FBC9A4B4CF99D8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

Candidate Name

Sen. Patty Murray

Office Sought: House
 Senate
 President

State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : BEDB83EF35024444F88E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement

Candidate Name

Rep. Tom E. Price

Office Sought: House
 Senate
 President

State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : B63A344EC21ED4E5DB4C

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rangel for Congress

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement

Candidate Name
Rep. Charles B. Rangel

Office Sought: House
 Senate
 President
State: NY District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : B5879614A175946D4917

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name
Rep. Peter J. Roskam

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : B06CC8D41ED8942F8AF8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Lee R. Terry

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : B6501673058C349079DD

Amount of Each Disbursement this Period

5000.00

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

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

10000.00

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. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : BFD10CEB9480847BBA2A

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2500.00

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

32000.00
