

**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="2013"/>		240465.66
(b) Cash on Hand at Beginning of Reporting Period.....	240465.66	
(c) Total Receipts (from Line 19)	94258.00	94258.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	334723.66	334723.66
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334723.66	334723.66
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

FEC Form 3X (Rev. 06/2004)

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).....	66878.00	66878.00
(ii) Unitemized	27380.00	27380.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94258.00	94258.00
(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)	94258.00	94258.00
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))..... ▶	94258.00	94258.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	94258.00	94258.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	94258.00	94258.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94258.00	94258.00
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 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Dr. Odin de los Reyes
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Crest Rd.
 City Southington State CT Zip Code 06489-2868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : 20612757
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Dr. Sanford Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Deere Park Ct.
 City Highland Park State IL Zip Code 60035-5309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : 20623574
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

C. 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)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 20626188
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<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. Seth A. Rubenstein		Date of Receipt MM / DD / YYYY 01 / 10 / 2013 Transaction ID : 20665632
Mailing Address 1322 Pavilion Club Way		Amount of Each Receipt this Period 1000.00
City Reston	State VA	Zip Code 20194-1338
FEC ID number of contributing federal political committee. C	Name of Employer Fox Mill 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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Bellacosa		Date of Receipt MM / DD / YYYY 01 / 13 / 2013 Transaction ID : 20666154
Mailing Address 7 Tanner Woods		Amount of Each Receipt this Period 300.00
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: <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. Mark T. Eaton		Date of Receipt MM / DD / YYYY 01 / 11 / 2013 Transaction ID : 20666623
Mailing Address 6737 Stone Mountain Farm Rd.		Amount of Each Receipt this Period 300.00
City Fayetteville	State NC	Zip Code 28311-1193
FEC ID number of contributing federal political committee. C	Name of Employer Cape Fear Podiatry 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).....▶	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 8 OF 46
	<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. Terrill F. Brown III
Full Name (Last, First, Middle Initial)

Mailing Address 20 Chicora Club Dr.

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

Name of Employer 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
01		11		2013

Transaction ID : 20666624

Amount of Each Receipt this Period
300.00

B. 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
01		15		2013

Transaction ID : 20668304

Amount of Each Receipt this Period
550.00

C. Dr. Andrew C. Schink
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Cameo Dr.

City Eugene	State OR	Zip Code 97405-5897
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2013

Transaction ID : 20676418

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 46
	<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

Full Name (Last, First, Middle Initial) A. Dr. Laura J. Pickard		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2013 Transaction ID : 20676428
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60634-3547
FEC ID number of contributing federal political committee. C		
Name of Employer Norridge Foot 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) B. Dr. Helena Anne Reid		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2013 Transaction ID : 20676429
Mailing Address 840 35th Ave. Pl. #102		Amount of Each Receipt this Period 400.00
City Moline	State IL	Zip Code 61265-8026
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. David Alan Yeager		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2013 Transaction ID : 20676430
Mailing Address 2165 Fawn Ridge Dr.		Amount of Each Receipt this Period 1000.00
City Dixon	State IL	Zip Code 61021-9502
FEC ID number of contributing federal political committee. C		
Name of Employer KSB Medical Group/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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 46
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dr. Francis John Rottier
Full Name (Last, First, Middle Initial)
Mailing Address 1529 W. Montana St. #1
City Chicago State IL Zip Code 60614-2007
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 / 17 / 2013
Transaction ID : 20676431
Amount of Each Receipt this Period
500.00

B. Dr. Jeffrey R. Baker
Full Name (Last, First, Middle Initial)
Mailing Address 111 W. Maple St. #2006
City Chicago State IL Zip Code 60610-5452
FEC ID number of contributing federal political committee. **C**
Name of Employer Weil Foot & Ankle Institute Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2013
Transaction ID : 20676432
Amount of Each Receipt this Period
500.00

C. Dr. Michael Joseph Cornelison
Full Name (Last, First, Middle Initial)
Mailing Address 131 Anne Way
City Los Gatos State CA Zip Code 95032-4010
FEC ID number of contributing federal political committee. **C**
Name of Employer Cupertino Podiatry 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 / 2013
Transaction ID : 20678144
Amount of Each Receipt this Period
1000.00

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 11 OF 46
(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. Mickey E. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 9955 Tamiami Trl. N. #1
 City Naples State FL Zip Code 34108-1914
 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 / 23 / 2013
Transaction ID : 20680557
 Amount of Each Receipt this Period
 250.00

B. Dr. William Harris IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 1517 Chandler Pl.
 City Lancaster State SC Zip Code 29720-2851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 20680560
 Amount of Each Receipt this Period
 300.00

C. Dr. William J. Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Santos Ln.
 City Santa Fe State NM Zip Code 87506-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Associates, Inc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 20680561
 Amount of Each Receipt this Period
 750.00

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 12 OF 46
	<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. Nicholas C. Crimali
 Full Name (Last, First, Middle Initial)
 Mailing Address 6685 SVL Box
 City Victorville State CA Zip Code 92395-5191
 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 / 23 / 2013
Transaction ID : 20680562
 Amount of Each Receipt this Period
300.00

B. Dr. Matthew R. Sheedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1519 Blair St.
 City Houston State TX Zip Code 77008-3821
 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 / 23 / 2013
Transaction ID : 20680568
 Amount of Each Receipt this Period
300.00

C. Dr. Larry S. Hotchkiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Harvard Ct.
 City Rockville State MD Zip Code 20850-1148
 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 / 23 / 2013
Transaction ID : 20680570
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<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. Neal R. Frankel		Date of Receipt 01 / 23 / 2013 Transaction ID : 20680572
Mailing Address Advanced Foot & Ankle 30 S. Michigan Ave. #302		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	
Zip Code 60603-3203		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Foot & Ankle	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel Dale Michaels		Date of Receipt 01 / 23 / 2013 Transaction ID : 20680573
Mailing Address The Reconstructive Foot & Ankle In 1150 Professional Ct. #C		Amount of Each Receipt this Period 1001.00
City Hagerstown	State MD	
Zip Code 21740-4100		Aggregate Year-to-Date ▼ 1001.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven D. Brook		Date of Receipt 01 / 23 / 2013 Transaction ID : 20680574
Mailing Address 11 Twilight Ct.		Amount of Each Receipt this Period 1000.00
City Melville	State NY	
Zip Code 11747-3222		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mineola Foot Care, P.C.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3001.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Eric John Polansky
 Full Name (Last, First, Middle Initial)
 Mailing Address **Advanced Foot & Ankle Care**
 1000 Michigan St.
 City **Sidney** State **OH** Zip Code **45365-2404**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Advanced Foot & Ankle Care** Occupation **Podiatric Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1001.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 23 / 2013
Transaction ID : 20680575
 Amount of Each Receipt this Period
1001.00

B. Dr. Bruce J. Levine
 Full Name (Last, First, Middle Initial)
 Mailing Address **2521 Countryside Blvd.**
 City **Clearwater** State **FL** Zip Code **33763-1605**
 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 / 24 / 2013
Transaction ID : 20681477
 Amount of Each Receipt this Period
500.00

C. Dr. Chris A. Klimowich
 Full Name (Last, First, Middle Initial)
 Mailing Address **12630 Panasoffkee Dr.**
 City **North Fort Myers** State **FL** Zip Code **33903-4748**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **The Foot & Ankle Group** 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 / 24 / 2013
Transaction ID : 20681478
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1751.00
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 46
	<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. 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
01	/	24	/	2013

Transaction ID : 20681482

Amount of Each Receipt this Period

300.00

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

Mailing Address 2221 Rockledge Dr.

City Rockledge	State FL	Zip Code 32955-5403
-------------------	-------------	------------------------

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
01	/	24	/	2013

Transaction ID : 20681483

Amount of Each Receipt this Period

300.00

C. Dr. Alan Hartstein
Full Name (Last, First, Middle Initial)

Mailing Address 7447 Brunswick Cir.

City Boynton Beach	State FL	Zip Code 33472-2546
-----------------------	-------------	------------------------

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
01	/	24	/	2013

Transaction ID : 20681484

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 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Michael J. Ball
Full Name (Last, First, Middle Initial)

Mailing Address 11858 N.W. 11th Pl.

City Coral Springs State FL Zip Code 33071-5036

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 / 24 / 2013
Transaction ID : 20681485

Amount of Each Receipt this Period
300.00

B. Dr. Robert A. Iannacone
Full Name (Last, First, Middle Initial)

Mailing Address 3081 N.E. Heather Ct.

City Jensen Beach State FL Zip Code 34957-5071

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

Name of Employer Iannacone Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 24 / 2013
Transaction ID : 20681486

Amount of Each Receipt this Period
300.00

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

Mailing Address 56 Blithewood Dr.

City Pensacola State FL Zip Code 32514-8193

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 / 24 / 2013
Transaction ID : 20681487

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 18 OF 46
	<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. 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 / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681488
 Amount of Each Receipt this Period
300.00

B. Dr. Terence D. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 Buchanan St.
 City Hollywood State FL Zip Code 33021-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Imperial Point Podiatry Assoc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681489
 Amount of Each Receipt this Period
250.00

C. Dr. Cynthia C. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 Buchanan St.
 City Hollywood State FL Zip Code 33021-5708
 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 / 24 / 2013
Transaction ID : 20681490
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **800.00**
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 46
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boca Raton Podiatry 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 / 24 / 2013
Transaction ID : 20681491
 Amount of Each Receipt this Period
 1000.00

B. Dr. Mark S. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Glades Rd. #120
 City Boca Raton State FL Zip Code 33431-6466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681492
 Amount of Each Receipt this Period
 1000.00

C. 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
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681493
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<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. James V. Stelnicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 3473 Tidewater Dr.
 City Weeki Wachee State FL Zip Code 34607-1045
 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 / 24 / 2013
Transaction ID : 20681494
 Amount of Each Receipt this Period
 300.00

B. Dr. Scarlett Ann Kinley
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 23rd Ave. N.
 City Saint Petersburg State FL Zip Code 33704-3225
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681495
 Amount of Each Receipt this Period
 300.00

C. Dr. Joan M. Koewler
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Bayshore Rd.
 City Nokomis State FL Zip Code 34275-1915
 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 / 24 / 2013
Transaction ID : 20681496
 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: PAGE 21 OF 46
(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

Full Name (Last, First, Middle Initial)
A. Dr. Martin E. Karns

Mailing Address 6496 San Michel Way

City State Zip Code
Delray Beach FL 33484-6967

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : 20681497

Amount of Each Receipt this Period
300.00

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

Mailing Address 401 Andrew Jackson Trl.

City State Zip Code
Gulf Breeze FL 32561-4414

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : 20681498

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Dr. Gary R. Goodman

Mailing Address 2428 Illcreek Cir. E.

City State Zip Code
Clearwater FL 33759-1207

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : 20681499

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 22 OF 46
	<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. Joseph E. Kiefer
Full Name (Last, First, Middle Initial)

Mailing Address 4561 Canopy Rd.

City Pensacola State FL Zip Code 32504-7801

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

Name of Employer Gulf Coast Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681500

Amount of Each Receipt this Period
 300.00

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

Mailing Address 10010 S.W. 86th Ter.

City Gainesville State FL Zip Code 32608-6277

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
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681501

Amount of Each Receipt this Period
 300.00

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

Mailing Address 8127 S.W. 43rd Pl.

City Gainesville State FL Zip Code 32608-4224

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
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681502

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 23 OF 46
	<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. Christopher Addison
Full Name (Last, First, Middle Initial)

Mailing Address 1403 Water Oak Way N.

City	State	Zip Code
Bradenton	FL	34209-7831

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : 20681503

Amount of Each Receipt this Period

500.00

B. Dr. Richard H. Mann
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Congress Ave. #3110

City	State	Zip Code
Boca Raton	FL	33487-1357

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : 20681504

Amount of Each Receipt this Period

500.00

C. Dr. John E. Baker
Full Name (Last, First, Middle Initial)

Mailing Address 4644 Lake in the Woods Dr.

City	State	Zip Code
Spring Hill	FL	34607-2318

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

Name of Employer	Occupation
Foot & Ankle Care Center	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
01	/	24	/	2013

Transaction ID : 20681505

Amount of Each Receipt this Period

500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Stephen M. Meritt
Full Name (Last, First, Middle Initial)

Mailing Address 2636 Forest Point Ct.

City Jacksonville State FL Zip Code 32257-5623

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 24 / 2013
Transaction ID : 20681506

Amount of Each Receipt this Period
500.00

B. Dr. Roberta Giudice-Teller
Full Name (Last, First, Middle Initial)

Mailing Address 2244 N.W. 9th Pl.

City Gainesville State FL Zip Code 32605-5202

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 / 24 / 2013
Transaction ID : 20681507

Amount of Each Receipt this Period
1000.00

C. Dr. Ross E. Taubman
Full Name (Last, First, Middle Initial)

Mailing Address 506 Hope Ave.

City Franklin State TN Zip Code 37067-6205

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

Name of Employer Podiatric Insurance Company of America Occupation President & Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 24 / 2013
Transaction ID : 20681508

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<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. Zahid A. Ladha		Date of Receipt MM / DD / YYYY 01 / 25 / 2013 Transaction ID : 20681546
Mailing Address 3544 Marquis Ct.		Amount of Each Receipt this Period 250.00
City Floyds Knobs	State IN	Zip Code 47119-9766
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. Thomas P. Broner		Date of Receipt MM / DD / YYYY 01 / 24 / 2013 Transaction ID : 20681567
Mailing Address 1354 Pinewood Rd.		Amount of Each Receipt this Period 250.00
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: <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. Barney A. Greenberg		Date of Receipt MM / DD / YYYY 01 / 24 / 2013 Transaction ID : 20681568
Mailing Address 16283 Cayuga Cir.		Amount of Each Receipt this Period 1200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 26 OF 46
(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. Stuart A. Courtney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3590 N. 45th Ave.
 City Hollywood State FL Zip Code 33021-2450
 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 / 24 / 2013
Transaction ID : 20681569
 Amount of Each Receipt this Period
 500.00

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
 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 / 24 / 2013
Transaction ID : 20681570
 Amount of Each Receipt this Period
 500.00

C. Dr. Mark Andrew Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2210 Fleance Dr.
 City Pensacola State FL Zip Code 32503-5827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Pensacola Foot & Ankle Center Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681571
 Amount of Each Receipt this Period
 300.00

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 27 OF 46
	<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. Sylvia Virbulis
Full Name (Last, First, Middle Initial)

Mailing Address Piedmont Foot & Ankle Care
316 S. Church St.

City Salisbury State NC Zip Code 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2013
Transaction ID : 20681588

Amount of Each Receipt this Period
350.00

B. Dr. Oscar L. Corral Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2704 N. 8th St.

City Mcallen State TX Zip Code 78501-2068

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2013
Transaction ID : 20681680

Amount of Each Receipt this Period
225.00

C. Dr. John M. Wray
Full Name (Last, First, Middle Initial)

Mailing Address 916 Claremont Dr.

City Downers Grove State IL Zip Code 60516-3541

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 / 25 / 2013
Transaction ID : 20685056

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1075.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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. Joseph M. Caporusso
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 E. Yellowhammer Ave.
 City McAllen State TX Zip Code 78504-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Complete Family 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 / 25 / 2013
Transaction ID : 20685057
 Amount of Each Receipt this Period
 1000.00

B. Mr. Randy B. Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Road
 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
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 20685080
 Amount of Each Receipt this Period
 300.00

C. Dr. Ruth Ann Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Rd. #200
 City Cincinnati State OH Zip Code 45245-5135
 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 / 28 / 2013
Transaction ID : 20685081
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
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 29 OF 46
	<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. Marshall Roy Feldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Smoke Rise Ln.
 City Bedminster State NJ Zip Code 07921-1873
 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 / 28 / 2013
Transaction ID : 20685082
 Amount of Each Receipt this Period
 300.00

B. Dr. Mark M. Schilansky
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Elting Rd.
 City Catskill State NY Zip Code 12414-6731
 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 / 25 / 2013
Transaction ID : 20685145
 Amount of Each Receipt this Period
 500.00

c. Dr. Douglas A. O'Heir
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Newland Ave.
 City Waterville State ME Zip Code 04901-5332
 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 / 25 / 2013
Transaction ID : 20685149
 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 30 OF 46
	<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. Jimelle Rumberg Ph.D., CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 Drew Ave.
 City Columbus State OH Zip Code 43235-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Podiatric Medical Association Occupation Executive Director
 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 / 25 / 2013
Transaction ID : 20685150
 Amount of Each Receipt this Period
 300.00

B. Dr. Vito J. Rizzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Brentwood Rd.
 City Bay Shore State NY Zip Code 11706-8011
 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 / 25 / 2013
Transaction ID : 20685151
 Amount of Each Receipt this Period
 300.00

c. Dr. Joseph W. Cavuoto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Debbie Ct.
 City Dix Hills State NY Zip Code 11746-5601
 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 / 25 / 2013
Transaction ID : 20685152
 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 31 OF 46
	<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. Gary F. Stones
Full Name (Last, First, Middle Initial)
Mailing Address 134 Hayes St.
City Garden City State NY Zip Code 11530-1001
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 / 25 / 2013**
Transaction ID : 20685153
Amount of Each Receipt this Period **500.00**

B. Dr. Patrick Kevin Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 3012 Pittsburgh St.
City Houston State TX Zip Code 77005-3817
FEC ID number of contributing federal political committee. **C**
Name of Employer Anchorage Foot & Ankle Specialists Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : 20686278
Amount of Each Receipt this Period **1000.00**

C. Dr. Jon A. Hultman
Full Name (Last, First, Middle Initial)
Mailing Address 2011 Thayer Ave.
City Los Angeles State CA Zip Code 90025-5296
FEC ID number of contributing federal political committee. **C**
Name of Employer California Podiatric Medical Associati Occupation Executive Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : 20686287
Amount of Each Receipt this Period **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: (check only one)	PAGE 32 OF 46
	<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. James Q. McClelland
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 12th Ave. N.W. #F
 City Ardmore State OK Zip Code 73401-1206
 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 / 28 / 2013
Transaction ID : 20686288
 Amount of Each Receipt this Period
500.00

B. Dr. Toni Jo B. Neal
 Full Name (Last, First, Middle Initial)
 Mailing Address W5234 State Park Ct.
 City Appleton State WI Zip Code 54915-9305
 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 / 28 / 2013
Transaction ID : 20686289
 Amount of Each Receipt this Period
500.00

C. Dr. John D. Ruff
 Full Name (Last, First, Middle Initial)
 Mailing Address 6801 N. Ruff Ln.
 City Peoria State IL Zip Code 61614-2843
 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 / 25 / 2013
Transaction ID : 20686290
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
	<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. Troy James Boffeli		Date of Receipt 01 / 28 / 2013 Transaction ID : 20686294
Mailing Address 2648 Town Lake Dr.		Amount of Each Receipt this Period 300.00
City Woodbury	State MN	Zip Code 55125-8702
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. Kathleen Toepp Neuhoff		Date of Receipt 01 / 28 / 2013 Transaction ID : 20686295
Mailing Address 21730 Roosevelt Rd.		Amount of Each Receipt this Period 300.00
City South Bend	State IN	Zip Code 46614-9259
FEC ID number of contributing federal political committee. C		
Name of Employer Family Footcare Clinic	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. James M. Flynn		Date of Receipt 01 / 25 / 2013 Transaction ID : 20686296
Mailing Address 10218 Mantle Ct.		Amount of Each Receipt this Period 300.00
City Oklahoma City	State OK	Zip Code 73162-4437
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	

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 35 OF 46
	<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. Rae Louise Lantsberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 S.E. 49th Ave.
 City Portland State OR Zip Code 97206-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gresham Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20686297
 Amount of Each Receipt this Period
 300.00

B. 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 / D D / Y Y Y Y Y Y
 01 / 26 / 2013
Transaction ID : 20686402
 Amount of Each Receipt this Period
 300.00

C. Dr. Frank A. Spinosa
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1023
 City Shelter Island State NY Zip Code 11964-1023
 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 / 26 / 2013
Transaction ID : 20686403
 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 36 OF 46
	<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. Michael A. Conway		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2013 Transaction ID : 20686404
Mailing Address 892 N. Broadway		Amount of Each Receipt this Period 1000.00
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: <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. Barry H. Block		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2013 Transaction ID : 20687995
Mailing Address 104-40 Queens Blvd.		Amount of Each Receipt this Period 500.00
City Forest Hills	State NY	Zip Code 11375-3637
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	

Full Name (Last, First, Middle Initial) C. Dr. Andrew Shapiro		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2013 Transaction ID : 20687998
Mailing Address 172 Lagoon Dr. W.		Amount of Each Receipt this Period 300.00
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: <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).....▶	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 37 OF 46
	<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. Subodh K. Choudhary
Full Name (Last, First, Middle Initial)

Mailing Address 310 Raven Rd.

City Greenville State SC Zip Code 29615-4248

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

Name of Employer Piedmont Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 20688958

Amount of Each Receipt this Period
 1001.00

B. Dr. Atalay M. Sahin
Full Name (Last, First, Middle Initial)

Mailing Address 29 Church St. #14

City East Providence State RI Zip Code 02914-3950

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

Name of Employer Prima CARE, P.C. 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 / 29 / 2013
Transaction ID : 20688959

Amount of Each Receipt this Period
 500.00

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

Mailing Address 46 Partridge Ln.

City Cherry Hill State NJ Zip Code 08003-1948

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 / 29 / 2013
Transaction ID : 20688961

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1751.00
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 38 OF 46
	<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. Christopher A. Seda
Full Name (Last, First, Middle Initial)

Mailing Address 120 Millwyck Rd.

City Lititz State PA Zip Code 17543-9021

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 / 29 / 2013
Transaction ID : 20688962

Amount of Each Receipt this Period
300.00

B. Dr. Terry L. Spilken
Full Name (Last, First, Middle Initial)

Mailing Address 115 Riviera Dr.

City Monroe State NJ Zip Code 08831-8907

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 / 29 / 2013
Transaction ID : 20688964

Amount of Each Receipt this Period
500.00

C. Dr. Mitchell R. Waskin
Full Name (Last, First, Middle Initial)

Mailing Address 401 Berwickshire Dr.

City Richmond State VA Zip Code 23229-7303

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

Name of Employer The Foot & Ankle Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 29 / 2013
Transaction ID : 20688969

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 39 OF 46
	<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. Pamela J. Humpel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3646 Aruba Ct.
 City Punta Gorda State FL Zip Code 33950-8120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Centers 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 / 30 / 2013
Transaction ID : 20689340
 Amount of Each Receipt this Period
 300.00

B. Dr. Thomas V. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Main St.
 City Suffield State CT Zip Code 06078-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Care 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 / 2013
Transaction ID : 20689341
 Amount of Each Receipt this Period
 500.00

C. Dr. Jason Christopher Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Kingwood Medical Dr. #150
 City Kingwood State TX Zip Code 77339-6405
 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 / 30 / 2013
Transaction ID : 20689348
 Amount of Each Receipt this Period
 1000.00

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 40 OF 46
	<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. Michael Tritto
Full Name (Last, First, Middle Initial)
Mailing Address 14409 White Tree Pl.
City North Potomac State MD Zip Code 20878-4354
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 / 30 / 2013**
Transaction ID : 20689349
Amount of Each Receipt this Period **500.00**

B. Dr. John L. Bostanche
Full Name (Last, First, Middle Initial)
Mailing Address 23373 98th St.
City Salem State WI Zip Code 53168-8924
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 / 30 / 2013**
Transaction ID : 20689350
Amount of Each Receipt this Period **300.00**

C. Dr. Eric K. Riley
Full Name (Last, First, Middle Initial)
Mailing Address 70 Prairie Dr.
City Sterling State IL Zip Code 61081-9691
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 / 30 / 2013**
Transaction ID : 20689353
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 41 OF 46
	<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. Leonard Raymond LaRussa		Date of Receipt M M / D D / Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 20689354
Mailing Address 146 Briarwood Cir.		Amount of Each Receipt this Period 300.00
City Americus	State GA	Zip Code 31709-7943
FEC ID number of contributing federal political committee. C	Name of Employer Family 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Alan Dunkerley		Date of Receipt M M / D D / Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 20689355
Mailing Address Martin Foot & Ankle Center 2003 E. Market St.		Amount of Each Receipt this Period 500.00
City York	State PA	Zip Code 17402-2841
FEC ID number of contributing federal political committee. C	Name of Employer Martin 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter Stein		Date of Receipt M M / D D / Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 20689366
Mailing Address 1164 Silver Beech Road		Amount of Each Receipt this Period 500.00
City Herndon	State VA	Zip Code 20170-2328
FEC ID number of contributing federal political committee. C	Name of Employer American Podiatric Medical Association	Occupation Director of Legislative Advocacy
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).....▶	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 42 OF 46
	<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. Thu K. Van
Full Name (Last, First, Middle Initial)

Mailing Address 18631 Eunice Pl.

City Tustin State CA Zip Code 92780-2441

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

Name of Employer Ambulatory Foot Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 31 / 2013
Transaction ID : 20689399

Amount of Each Receipt this Period
300.00

B. Dr. Richard A. Bronfman
Full Name (Last, First, Middle Initial)

Mailing Address AR Foot & Ankle Clinic
1501 Aldersgate Rd.

City Little Rock State AR Zip Code 72205-6611

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

Name of Employer AR Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 31 / 2013
Transaction ID : 20689400

Amount of Each Receipt this Period
300.00

C. Dr. Scott E. Hughes
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Specialists, PC
1060 N. Monroe St.

City Monroe State MI Zip Code 48162-3113

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 31 / 2013
Transaction ID : 20689401

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 43 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Ronald G. Cervetti
 Full Name (Last, First, Middle Initial)
 Mailing Address Cedar Valley Podiatry
 4508 Chadwick Rd.
 City Cedar Falls State IA Zip Code 50613-7958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedar Valley Podiatry 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 / 31 / 2013
Transaction ID : 20689403
 Amount of Each Receipt this Period
 300.00

B. Dr. Jay D. Lifshen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5706 Windmier Cir.
 City Dallas State TX Zip Code 75252-5007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S.W. Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689404
 Amount of Each Receipt this Period
 1000.00

C. Dr. David P. Sheldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 W. Royal Dr.
 City Traverse City State MI Zip Code 49684-8965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689406
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 46
	<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. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address 5488 Cricket Ln.
 City Tooele State UT Zip Code 84074-8141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tooele Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689414
 Amount of Each Receipt this Period
 500.00

B. Dr. Gary M. Kazmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Blyth Ct.
 City Inverness State IL Zip Code 60010-5630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689415
 Amount of Each Receipt this Period
 300.00

C. Dr. Angela P. Dominique
 Full Name (Last, First, Middle Initial)
 Mailing Address 6244 Dorsett Woods Dr.
 City Mount Olive State AL Zip Code 35117-3644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fultondale Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20691276
 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: PAGE 45 OF 46
(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. Alan E. Singer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Golden Crest Ct.
 City State Zip Code
 Rockville MD 20854-2982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : 20691277
 Amount of Each Receipt this Period
 500.00

B. Dr. Lynn LeBlanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Trevor Ln.
 City State Zip Code
 East Granby CT 06026-9667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : 20691278
 Amount of Each Receipt this Period
 500.00

C. Dr. Arnold S. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 5590 Pembroke Crossing
 City State Zip Code
 West Bloomfield MI 48322-1791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : 20691279
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Steven B. Hollander
 Full Name (Last, First, Middle Initial)
 Mailing Address 10944 Vuelta Merecumbe
 City Tucson State AZ Zip Code 85730-5834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steven B. Hollander, DPM, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 31 / 2013**
Transaction ID : 20691280
 Amount of Each Receipt this Period **300.00**

B. Dr. Jane Ann Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 5411 S. Stonewood Dr.
 City Mount Vernon State IN Zip Code 47620-9688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 31 / 2013**
Transaction ID : 20691281
 Amount of Each Receipt this Period **250.00**

C. Dr. Kimberly Marie Eickmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Brittany Trail Dr.
 City Champaign State IL Zip Code 61822-3549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christie Clinic Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 31 / 2013**
Transaction ID : 20691302
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	66878.00