



**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.....	482285.65	
(c) Total Receipts (from Line 19) .....	22945.00	365144.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	505230.65	605610.65
7. Total Disbursements (from Line 31).....	11550.00	111930.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	493680.65	493680.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14170.00	244838.00
(ii) Unitemized .....	8775.00	114306.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22945.00	359144.99
(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) .....	22945.00	359144.99
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	6000.00
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))..... ▶	22945.00	365144.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22945.00	365144.99

**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.....	11000.00	111000.00
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 .....	550.00	930.00
(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)).....	550.00	930.00
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)) ..	11550.00	111930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11550.00	111930.00

**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) .....	22945.00	359144.99
34. Total Contribution Refunds (from Line 28(d)) .....	550.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22395.00	358214.99
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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ricardo M. Bennett**

Full Name (Last, First, Middle Initial)  
Mailing Address **Manassas Foot Clinic**  
**8704 Rolling Rd.**

City **Manassas** State **VA** Zip Code **20110-4253**

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  
**07 / 03 / 2013**

**Transaction ID : 20996939**

Amount of Each Receipt this Period  
**300.00**

**B. Dr. John L. Clements**

Full Name (Last, First, Middle Initial)  
Mailing Address **110 Windward Dr.**

City **Moneta** State **VA** Zip Code **24121-2320**

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

Name of Employer **Carilion Clinic, Dept. of Orthopedics** Occupation **Podiatric Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**07 / 03 / 2013**

**Transaction ID : 20996941**

Amount of Each Receipt this Period  
**300.00**

**C. Dr. William H. Dabdoub**

Full Name (Last, First, Middle Initial)  
Mailing Address **100 Ayshire Ct.**

City **Slidell** State **LA** Zip Code **70461-5034**

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 ▼ **2050.00**

Date of Receipt  
**07 / 06 / 2013**

**Transaction ID : 20998812**

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: PAGE 7 OF 26  
(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. David A. Sharpe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 Felton Ct.  
 City State Zip Code  
 El Dorado Hills CA 95762-9564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Silicon Valley Podiatry Group 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  
 07 / 08 / 2013  
**Transaction ID : 21002676**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Eric M. Kosofsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 Knollwood Ln.  
 City State Zip Code  
 Avon CT 06001-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hartford Podiatry Group 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  
 07 / 08 / 2013  
**Transaction ID : 21002677**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Robert D. Rutstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 597 Farmington Ave.  
 City State Zip Code  
 Hartford CT 06105-3057  
 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 M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2013  
**Transaction ID : 21002678**  
 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 8 OF 26  
(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. Larry S. Hotchkiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Harvard Ct.  
 City State Zip Code  
 Rockville MD 20850-1148  
 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  
 07 / 13 / 2013  
**Transaction ID : 21006282**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Bruce M. Jacob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4319 Foxpointe Dr.  
 City State Zip Code  
 West Bloomfield MI 48323-2615  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : 21006367**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd. W.  
 City State Zip Code  
 Tacoma WA 98499-8138  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2013  
**Transaction ID : 21013168**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 River Valley Rd.  
 City Little Rock State AR Zip Code 72227-1505  
 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  
 07 / 18 / 2013  
**Transaction ID : 21014055**  
 Amount of Each Receipt this Period  
**50.00**

**B. Dr. Joseph M. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Ocean View Dr.  
 City Signal Hill State CA Zip Code 90755-3778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Los Alamitos 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  
 07 / 18 / 2013  
**Transaction ID : 21014059**  
 Amount of Each Receipt this Period  
**60.00**

**C. Dr. Joan M. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3240 Purer Rd.  
 City Escondido State CA Zip Code 92029-7250  
 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  
 07 / 12 / 2013  
**Transaction ID : 21017181**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>610.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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) <b>A. Dr. Jeffrey Frederick</b>			Date of Receipt MM / DD / YYYY 07 / 19 / 2013 <b>Transaction ID : 21017268</b>
Mailing Address 30005 Forest Dr.			Amount of Each Receipt this Period 100.00
City Franklin	State MI	Zip Code 48025-1580	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 700.00
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 ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Vada Kathleen Satterfield</b>			Date of Receipt MM / DD / YYYY 07 / 21 / 2013 <b>Transaction ID : 21019937</b>
Mailing Address 10685 Concannon St.			Amount of Each Receipt this Period 25.00
City Rancho Cucamonga	State CA	Zip Code 91737-6922	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 275.00
Name of Employer Disabled		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert J. Warkala</b>			Date of Receipt MM / DD / YYYY 07 / 21 / 2013 <b>Transaction ID : 21019938</b>
Mailing Address 59 Harrowgate Dr.			Amount of Each Receipt this Period 100.00
City Cherry Hill	State NJ	Zip Code 08003-1938	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 700.00
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 ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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 W. Rockwood**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Autumn Light Pl.

City Santa Fe State NM Zip Code 87508-1334

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

Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 23 / 2013**

**Transaction ID : 21020131**

Amount of Each Receipt this Period **50.00**

**B. Dr. Melissa Jomarie Lockwood**  
Full Name (Last, First, Middle Initial)

Mailing Address 1518 Beckenham Dr.

City Bloomington State IL Zip Code 61704-7629

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 **07 / 23 / 2013**

**Transaction ID : 21020132**

Amount of Each Receipt this Period **75.00**

**C. Dr. Benjamin W. Weaver**  
Full Name (Last, First, Middle Initial)

Mailing Address Central KS Podiatry Associates  
2081 N. Webb Rd.

City Wichita State KS Zip Code 67206-3411

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

Name of Employer Central KS Podiatry Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 23 / 2013**

**Transaction ID : 21020133**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Andrew J. Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4326 Sarong Dr.  
 City Houston State TX Zip Code 77096-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 23 / 2013  
**Transaction ID : 21020137**  
 Amount of Each Receipt this Period 85.00

**B. Dr. Stephanie Ellis Spicer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11263 Stoll Rd.  
 City Frankfort State IL Zip Code 60423-7987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer In Step, Ltd. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : 21028860**  
 Amount of Each Receipt this Period 85.00

**C. Dr. Jondelle B. Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address J.B. Jenkins & Associates  
 1706 E. 87th St.  
 City Chicago State IL Zip Code 60617-2740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : 21028863**  
 Amount of Each Receipt this Period 625.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 795.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Holly A. Spohn-Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rural Health Clinic/Kern Valley Hosp. 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  
 07 / 26 / 2013  
**Transaction ID : 21030516**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Michael B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 68th Pl.  
 City Kenosha State WI Zip Code 53143-5137  
 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 ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2013  
**Transaction ID : 21030619**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Kirk Eliel Woelffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Raleigh Foot Center P.O. Box 98209  
 City Raleigh State NC Zip Code 27624-8209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030626**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Zahid A. Ladha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3544 Marquis Ct.  
 City State Zip Code  
 Floyds Knobs IN 47119-9766  
 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 ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030627**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Samuel Stuart Woociker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 Warrior Trl.  
 City State Zip Code  
 Enterprise FL 32725-2456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orlando Foot&Ankle Clinic Physicians Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030628**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Thomas Douglas John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Livermore Rd.  
 City State Zip Code  
 Belmont MA 02478-4513  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030631**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. David R. Kirlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Thomas Trl.  
 City Gastonia State NC Zip Code 28054-4964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gaston Foot & Ankle Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030632**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr. Johnnie L. Alston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3452 Dalraida Pkwy.  
 City Montgomery State AL Zip Code 36109-2216  
 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 ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030633**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Mackie J. Walker Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Lake Murray Dr.  
 City North Augusta State SC Zip Code 29841-8654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Pod. Med. Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2013  
**Transaction ID : 21030634**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. David S. Ungar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26130 Raine St.  
 City State Zip Code  
 Oak Park MI 48237-1024  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013  
**Transaction ID : 21030728**  
 Amount of Each Receipt this Period  
 250.00  
 Trx incorrectly credited to wrong donor (Unger should have been Ungar 04/19/2013)

**B. Dr. Darrin Lowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 San Ramon Ave.  
 City State Zip Code  
 Berkeley CA 94707-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 W. County Family Foot Center 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  
 07 / 23 / 2013  
**Transaction ID : 21033482**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Vincent J. Hetherington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21948 Shagbark Trl.  
 City State Zip Code  
 Strongsville OH 44149-2280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kent State University College of Pod. 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  
 07 / 23 / 2013  
**Transaction ID : 21033489**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 18 OF 26  
(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. Bradley W. Bakotic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2965 Manor Bridge Dr.  
 City Alpharetta State GA Zip Code 30004-8813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bako Pathology Associates 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  
 07 / 23 / 2013  
**Transaction ID : 21033490**  
 Amount of Each Receipt this Period  
 2500.00

**B. Dr. Mark E. Pfeifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N6705 County Rd. DD  
 City Burlington State WI Zip Code 53105-2602  
 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  
 07 / 23 / 2013  
**Transaction ID : 21033492**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Steven J. Berlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12407 Dover Rd.  
 City Reisterstown State MD Zip Code 21136-5607  
 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 Y  
 07 / 23 / 2013  
**Transaction ID : 21033498**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Steven H. Lin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19213 Kepharts Mill Ter.  
 City Leesburg State VA Zip Code 20176-3863  
 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  
 07 / 23 / 2013  
**Transaction ID : 21033499**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Jay C. Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2626 N.W. 83rd Pl.  
 City Portland State OR Zip Code 97229-4151  
 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  
 07 / 23 / 2013  
**Transaction ID : 21033593**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. H. Rand Tolboe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2504 Van Gogh Dr.  
 City Modesto State CA Zip Code 95356-0368  
 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  
 07 / 23 / 2013  
**Transaction ID : 21033594**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 20 OF 26  
(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. Wendy H. Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 Winston Ave.  
 City San Marino State CA Zip Code 91108-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2013  
**Transaction ID : 21033598**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Mary T. Sheriff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43162 Pecan Ridge Dr.  
 City Hammond State LA Zip Code 70403-0602  
 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  
 07 / 23 / 2013  
**Transaction ID : 21033599**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Mark J. Henson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Beechwood Ct.  
 City Griffin State GA Zip Code 30224-4966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Field Foot & Ankle Clinic 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  
 07 / 30 / 2013  
**Transaction ID : 21033748**  
 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 21 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robby A. Amiot**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Aspen Orthopedics  
 12555 W. National Ave. #100  
 City New Berlin State WI Zip Code 53151-4061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aspen Orthopedics 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  
 07 / 29 / 2013  
**Transaction ID : 21034740**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Scott G. DeMars**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2964 Gregory Dr. S.  
 City Billings State MT Zip Code 59102-0500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rimrock 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  
 07 / 22 / 2013  
**Transaction ID : 21034957**  
 Amount of Each Receipt this Period  
 300.00

**c. Dr. Stephen K. Grandfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 The Thumb  
 City Portage State IN Zip Code 46368-8706  
 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  
 07 / 31 / 2013  
**Transaction ID : 21040144**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen John Merena</b>			Date of Receipt
Mailing Address 3 Vista Ct.			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 21040145</b>
Jericho	VT	05465-2527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
Champlain Valley Foot & Ankle	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Jonathan Bryan Purdy</b>			Date of Receipt
Mailing Address 1619 Shelby			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 21040163</b>
New Iberia	LA	70560-8238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Foot Specialists of Acadiana	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. James H. McClain</b>			Date of Receipt
Mailing Address 68689 Vinewood Ave.			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 21040166</b>
Sturgis	MI	49091-2374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="675.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 26
	(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. Leslie B. Dowling**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 Burney Branch Cir.

City Blackshear State GA Zip Code 31516-2808

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

Name of Employer Podiatric Student Occupation Podiatric Student

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  
 07 / 31 / 2013  
**Transaction ID : 21074352**

Amount of Each Receipt this Period  
 300.00

**B. Dr. John G. McMahon Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1306 Gravity Hill Trl.

City Midlothian State VA Zip Code 23114-4599

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

Name of Employer Adult & Child Foot Ankle Care 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  
 07 / 31 / 2013  
**Transaction ID : 21074353**

Amount of Each Receipt this Period  
 300.00

**C. Dr. David J. Unger**  
Full Name (Last, First, Middle Initial)

Mailing Address 3215 S. Ocean Blvd. #505

City Highland Beach State FL Zip Code 33487-2568

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013  
**Transaction ID : 21765431**

Amount of Each Receipt this Period  
 0.00

**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 26  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. William M. Jenkin**

Mailing Address 130 Nadina Way

City Greenbrae State CA Zip Code 94904-1131

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

Name of Employer Parnassus Heights Podiatry Group 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  
**07 / 30 / 2013**

**Transaction ID : 21765432**

Amount of Each Receipt this Period  
**0.00**

**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$300.00 This changes the YTD Total to \$300.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>14170.00</b>

**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. Progressive Choices PAC**

Mailing Address PO Box 58

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement

011

Candidate Name

Category/  
Type

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  
07 / 15 / 2013

Transaction ID : 21007254

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lee Rogers For Congress**

Mailing Address 118 Chestnut Pl.

City State Zip Code  
Fullerton CA 92832

Purpose of Disbursement

011

Candidate Name

Category/  
Type

**Dr. Lee Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2013

Transaction ID : 21017178

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Lee Rogers For Congress**

Mailing Address 118 Chestnut Pl.

City State Zip Code  
Fullerton CA 92832

Purpose of Disbursement

011

Candidate Name

Category/  
Type

**Dr. Lee Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2013

Transaction ID : 21017179

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

11000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. David J. Unger**

Mailing Address 3215 S. Ocean Blvd. #505

City Highland Beach State FL Zip Code 33487-2568

Purpose of Disbursement  
Trx incorrectly credited to wrong donor (Unger should have been Ungar)

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 21030725**

Amount of Each Disbursement this Period

Trx incorrectly credited to wrong donor (Unger should have been Ungar)

Full Name (Last, First, Middle Initial)

**B. Dr. William M. Jenkin**

Mailing Address 130 Nadina Way

City Greenbrae State CA Zip Code 94904-1131

Purpose of Disbursement  
Refund

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 21073206**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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