

**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"/>	<input type="text" value="240465.66"/>	<input type="text" value="240465.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="500716.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15229.50"/>	<input type="text" value="426909.99"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="515945.65"/>	<input type="text" value="667375.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23500.00"/>	<input type="text" value="174930.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="492445.65"/>	<input type="text" value="492445.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 01 / 2013 To: M M / D D / Y Y Y Y 11 / 30 / 2013

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).....	7775.00	276519.00
(ii) Unitemized	7454.50	144390.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15229.50	420909.99
(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)	15229.50	420909.99
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))..... ▶	15229.50	426909.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15229.50	426909.99

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.....	23500.00	174000.00
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	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)).....	0.00	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)) ..	23500.00	174930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	174930.00

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)	15229.50	420909.99
34. Total Contribution Refunds (from Line 28(d))	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15229.50	419979.99
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. Theodore Andrew Buccilli Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4403 Clover Dr.
 City Ravenna State OH Zip Code 44266-8636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEO Foot & Ankle Surgical Associates Occupation 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
 11 / 01 / 2013
Transaction ID : 21248959
 Amount of Each Receipt this Period
 100.00

B. Dr. Peter E. Schaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Revere Pl.
 City Bloomfield Hills State MI Zip Code 48301-1771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birmingham FootCare Specialists Occupation 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
 11 / 01 / 2013
Transaction ID : 21248960
 Amount of Each Receipt this Period
 25.00

C. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : 21248999
 Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 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. Kelvin H. Nguyen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8672 Bermuda Ave.
 City Westminster State CA Zip Code 92683-7260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 02 / 2013**
Transaction ID : 21250971
 Amount of Each Receipt this Period **25.00**

B. Dr. Diana E. Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 N.E. 9th St. #37
 City Fort Lauderdale State FL Zip Code 33304-4412
 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 **220.00**

Date of Receipt **11 / 03 / 2013**
Transaction ID : 21250977
 Amount of Each Receipt this Period **20.00**

C. Dr. Stephen C. Schmid
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 W. Summit Ave.
 City Fergus Falls State MN Zip Code 56537-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 04 / 2013**
Transaction ID : 21251642
 Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **195.00**
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 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. James Robert Shipley
Full Name (Last, First, Middle Initial)

Mailing Address 479 Laurelyn Dr.

City Mount Airy State NC Zip Code 27030-7486

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
11 / 05 / 2013
Transaction ID : 21251644

Amount of Each Receipt this Period
250.00

B. Dr. Benjamin K. Marble
Full Name (Last, First, Middle Initial)

Mailing Address 1220 W. Camino Pablo Dr.

City Pueblo State CO Zip Code 81007-4020

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 05 / 2013
Transaction ID : 21253359

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 ▼ 2650.00

Date of Receipt
11 / 06 / 2013
Transaction ID : 21253362

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

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"/> 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 E. Black
Full Name (Last, First, Middle Initial)

Mailing Address 22855 Sparrowdell Dr.

City Calabasas State CA Zip Code 91302-1820

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 11 / 08 / 2013
Transaction ID : 21254988

Amount of Each Receipt this Period 500.00

B. Dr. Angelo B. Sutera Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5 Powell Ct.

City Glen Mills State PA Zip Code 19342-1781

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 11 / 07 / 2013
Transaction ID : 21254996

Amount of Each Receipt this Period 300.00

C. Dr. Kenneth Paul Seiter Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 11534 Kings Way Dr.

City Fort Smith State AR Zip Code 72916-8394

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 11 / 08 / 2013
Transaction ID : 21255000

Amount of Each Receipt this Period 300.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 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

Full Name (Last, First, Middle Initial) A. Dr. Stephen M. Pribut			Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2013 Transaction ID : 21258212		
Mailing Address 2141 K St. N.W. #702			Amount of Each Receipt this Period 150.00		
City Washington	State DC	Zip Code 20037-1810			
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. Lisa M. DeTournay			Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2013 Transaction ID : 21259808		
Mailing Address DeTournay & Millar, DPM, P.A. 11410 N. Kendall Dr. #106			Amount of Each Receipt this Period 300.00		
City Miami	State FL	Zip Code 33176-1031			
FEC ID number of contributing federal political committee. C					
Name of Employer DeTournay & Millar, DPM, P.A.		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. Adnan Shariff			Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2013 Transaction ID : 21259810		
Mailing Address 191 Elena Ct.			Amount of Each Receipt this Period 150.00		
City Jupiter	State FL	Zip Code 33478-5403			
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).....▶	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: (check only one)	PAGE 11 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. Gordon S. Hamblin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7475 San Gabriel Rd.
 City Atascadero State CA Zip Code 93422-2153
 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
 11 / 14 / 2013
Transaction ID : 21260933
 Amount of Each Receipt this Period
 150.00

B. Dr. Bruce M. Jacob
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Foxpointe Dr.
 City West Bloomfield State MI Zip Code 48323-2615
 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
 11 / 15 / 2013
Transaction ID : 21261038
 Amount of Each Receipt this Period
 100.00

C. Dr. Robert Frimmel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3527 Palonia Ct.
 City Sarasota State FL Zip Code 34239-5929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Sarasota Footcare Center 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
 11 / 16 / 2013
Transaction ID : 21264155
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 12 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. Steve R. Feller
 Full Name (Last, First, Middle Initial)
 Mailing Address 7507 Custer Rd. W.
 City Tacoma State WA Zip Code 98499-8138
 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 ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2013
Transaction ID : 21264164
 Amount of Each Receipt this Period
 50.00

B. Dr. Bryan Calvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5661 S.W. 165th Ct.
 City Miami State FL Zip Code 33193-4490
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2013
Transaction ID : 21264165
 Amount of Each Receipt this Period
 30.00

C. 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : 21264176
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00
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"/> 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. Matthew G. Ollerton		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2013 Transaction ID : 21264178
Mailing Address 519 S. 1800 E.		Amount of Each Receipt this Period 25.00
City Springville	State UT	Zip Code 84663-2610
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph M. Hughes		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2013 Transaction ID : 21264180
Mailing Address 2311 Ocean View Dr.		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. Dr. Leslie P. Niehaus		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013 Transaction ID : 21265470
Mailing Address 8708 Bedell Rd.		Amount of Each Receipt this Period 300.00
City Berlin Center	State OH	Zip Code 44401-8710
FEC ID number of contributing federal political committee. C		
Name of Employer Alliance/Salem Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	385.00
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	<input type="checkbox"/> 17

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

A. Dr. Mark B. Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 119 Pinehurst Ave.

City Albany State NY Zip Code 12203-2525

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 11 / 20 / 2013
Transaction ID : 21268063

Amount of Each Receipt this Period 150.00

B. Dr. John V. Guiliana
Full Name (Last, First, Middle Initial)

Mailing Address 488 Schooleys Mountain Rd. #1B

City Hackettstown State NJ Zip Code 07840-4001

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 11 / 20 / 2013
Transaction ID : 21268064

Amount of Each Receipt this Period 300.00

C. Dr. Jonathan M. Little
Full Name (Last, First, Middle Initial)

Mailing Address 302 Corral Cir.

City Papillion State NE Zip Code 68046-3708

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

Name of Employer Bellevue Foot Center, P.C. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 20 / 2013
Transaction ID : 21268065

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Lesley S. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 Ritchie Ave.
 City Cincinnati State OH Zip Code 45215-2035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 20 / 2013**
Transaction ID : 21268067
 Amount of Each Receipt this Period **1000.00**

B. Dr. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City Cherry Hill State NJ Zip Code 08003-1938
 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 **1100.00**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 21268082
 Amount of Each Receipt this Period **100.00**

C. Dr. Michael L. Gerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 474 Beverly Island Dr.
 City Waterford State MI Zip Code 48328-3602
 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 **11 / 21 / 2013**
Transaction ID : 21268107
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **1125.00**
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 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. Jonathan Bryan Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Shelby
 City New Iberia State LA Zip Code 70560-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Specialists of Acadiana 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
 11 / 21 / 2013
Transaction ID : 21268115
 Amount of Each Receipt this Period
 250.00

B. Dr. Joseph S. Borreggine
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 Hawthorne Drive
 City Charleston State IL Zip Code 61920-8260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 21270910
 Amount of Each Receipt this Period
 125.00

C. Dr. David G. Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Saddle Hill Dr.
 City Logan State UT Zip Code 84321-4828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 21270911
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.00
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 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. Lucinda R. Malvitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2635 N. 65th St.
 City Milwaukee State WI Zip Code 53213-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wheaton Franciscan - St. Joseph Hospit 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
 11 / 22 / 2013
Transaction ID : 21271007
 Amount of Each Receipt this Period
 150.00

B. 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : 21271454
 Amount of Each Receipt this Period
 150.00

C. Dr. Matthew Allen Polk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Healthy Way
 City Berkeley Springs State WV Zip Code 25411-7463
 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
 11 / 20 / 2013
Transaction ID : 21271461
 Amount of Each Receipt this Period
 300.00

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: (check only one)	PAGE 18 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) A. Dr. Robert J. Lenfestey Sr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 21272261
Mailing Address 113 Birklands Dr.		Amount of Each Receipt this Period 100.00
City Cary	State NC	Zip Code 27518-8205
FEC ID number of contributing federal political committee. C	Name of Employer Piedmont Foot & Ankle Clinic	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Aniello Scotti Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 21272262
Mailing Address 1 Three Pond Rd.		Amount of Each Receipt this Period 25.00
City Smithtown	State NY	Zip Code 11787-1830
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Dr. Liana G. Seldin		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2013 Transaction ID : 21272263
Mailing Address 325 Meridian Ave. #10		Amount of Each Receipt this Period 25.00
City Miami Beach	State FL	Zip Code 33139-8713
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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 19 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. 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 ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 21272264
 Amount of Each Receipt this Period
 85.00

B. 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 ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 21272265
 Amount of Each Receipt this Period
 50.00

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 ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2013
Transaction ID : 21272266
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
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 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) A. Dr. Deborah Behre		Date of Receipt
Mailing Address 314 Logger Ct. S.E.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Olympia State WA Zip Code 98503-6722		Transaction ID : 21272281
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Podiatric Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="275.00"/>

Full Name (Last, First, Middle Initial) B. Dr. Brandon Ray Gumbiner		Date of Receipt
Mailing Address KSB Foot & Ankle Center 215 E. 1st St. #301		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Dixon State IL Zip Code 61021-3190		Transaction ID : 21272296
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self-Employed Podiatric Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="400.00"/>

Full Name (Last, First, Middle Initial) C. Dr. Phillip Wayne Holloway		Date of Receipt
Mailing Address 2814 Berry St.		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Paris State IL Zip Code 61944-6832		Transaction ID : 21272298
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Podiatric Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="400.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 21272300
 Amount of Each Receipt this Period
 25.00

B. 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013
Transaction ID : 21272510
 Amount of Each Receipt this Period
 50.00

C. Dr. Steven L. Ginex
 Full Name (Last, First, Middle Initial)
 Mailing Address 77685 Justin Ct.
 City Palm Desert State CA Zip Code 92211-6238
 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
 11 / 26 / 2013
Transaction ID : 21272511
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 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. Jared T. Clifford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 6th St.
 City Prosser State WA Zip Code 99350-1406
 Name of Employer Mt. Adams Surgical Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 27 / 2013
Transaction ID : 21275202
 Amount of Each Receipt this Period 200.00

B. 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
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2013
Transaction ID : 21277266
 Amount of Each Receipt this Period 50.00

C. Dr. Zahid A. Ladha
 Full Name (Last, First, Middle Initial)
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 28 / 2013
Transaction ID : 21277267
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 320.00
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 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. Samuel Stuart Woociker
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Warrior Trl.
 City Enterprise State FL Zip Code 32725-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Foot&Ankle Clinic Physicians Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 21277268
 Amount of Each Receipt this Period
 50.00

B. Dr. Laurence I. Dorman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12450 S.W. 98th Ct.
 City Miami State FL Zip Code 33176-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Foot and Ankle Associates, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 21277269
 Amount of Each Receipt this Period
 20.00

C. Dr. Jeffery H. Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address Midwest Podiatry Services
 610 S. Maple Ave. #2550
 City Oak Park State IL Zip Code 60304-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Podiatry Services Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 21277270
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
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)
 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. Full Name (Last, First, Middle Initial)
Dr. Thomas Charles Melillo

Mailing Address 22862 S.W. Saunders Dr.

City Sherwood State OR Zip Code 97140-8236

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

Name of Employer Westside Podiatry 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
 11 / 25 / 2013
Transaction ID : 21301198

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	7775.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Duckworth For Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. L. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

Transaction ID : 21258076

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2013			

Transaction ID : 21268047

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. L.A. P.A.C.

Mailing Address 6380 Wilshire Blvd
Suite 1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
2013 contribution

011

Category/
Type

Candidate Name

L.A. P.A.C.

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2013			

Transaction ID : 21268048

Amount of Each Disbursement this Period

5000.00

2013 contribution

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Henry A. Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : 21268049

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael C. Burgess M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : 21268050

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Henry A. Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : 21268051

Amount of Each Disbursement this Period

5,000.00

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

15000.00

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

23500.00
