

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="494355.15"/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="507398.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="80603.00"/>	<input type="text" value="130646.50"/>
(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="588001.65"/>	<input type="text" value="625001.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18500.00"/>	<input type="text" value="55500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="569501.65"/>	<input type="text" value="569501.65"/>
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: / / 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).....	56978.00	94387.00
(ii) Unitemized	23625.00	36259.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80603.00	130646.50
(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)	80603.00	130646.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	80603.00	130646.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80603.00	130646.50

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.....	18500.00	55500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18500.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	55500.00

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)	80603.00	130646.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80603.00	130646.50
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 48
	<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. Richard A. Bellacosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Tanner Woods
 City San Antonio State TX Zip Code 78248-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Antonio Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2014
Transaction ID : 21558523
 Amount of Each Receipt this Period
 300.00

B. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : 21563879
 Amount of Each Receipt this Period
 150.00

C. Dr. Bret M. Ribotsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 N.E. 38th St. #B
 City Boca Raton State FL Zip Code 33431-6143
 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
 02 / 06 / 2014
Transaction ID : 21564657
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 48
	(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

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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : 21564667

Amount of Each Receipt this Period
 1000.00

B. Dr. Hal Ornstein
Full Name (Last, First, Middle Initial)

Mailing Address 5 Amanda Ln.

City Howell State NJ Zip Code 07731-8941

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

Name of Employer Affiliated Foot & Ankle Centers Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : 21564669

Amount of Each Receipt this Period
 1005.00

c. Dr. Joseph M. Caporusso
Full Name (Last, First, Middle Initial)

Mailing Address 217 E. Yellowhammer Ave.

City McAllen State TX Zip Code 78504-1622

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

Name of Employer Complete Family Foot Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2014

Transaction ID : 21564673

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2505.00
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 48
	<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. Garry W. Neltner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 Hudnall Ln.
 City Edgewood State KY Zip Code 41017-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Care Center 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
 02 / 06 / 2014
Transaction ID : 21564674
 Amount of Each Receipt this Period
 500.00

B. Dr. Kirk W. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Monroe Dr.
 City Chambersburg State PA Zip Code 17201-7914
 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
 02 / 03 / 2014
Transaction ID : 21567778
 Amount of Each Receipt this Period
 500.00

C. Dr. Suneel Kumar Basra
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 City Pl.
 City Edgewater State NJ Zip Code 07020-3173
 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
 02 / 03 / 2014
Transaction ID : 21567779
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
	<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. Andrew C. Schink
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Cameo Dr.

City Eugene State OR Zip Code 97405-5897

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 21567780

Amount of Each Receipt this Period
300.00

B. Dr. Maureen L. Crotty
Full Name (Last, First, Middle Initial)

Mailing Address 4734 S. Yorktown Pl.

City Tulsa State OK Zip Code 74105-4931

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

Name of Employer Green Country Podiatry Center
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
02 / 04 / 2014

Transaction ID : 21567795

Amount of Each Receipt this Period
500.00

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

Mailing Address 12 Trevor Ln.

City East Granby State CT Zip Code 06026-9667

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
02 / 05 / 2014

Transaction ID : 21567803

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
	<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. Gary A. Raymond
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Frankstown Rd.
 Rd. 4 Box 148
 City Hollidaysburg State PA Zip Code 16648-7184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: 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
 02 / 06 / 2014
Transaction ID : 21567815
 Amount of Each Receipt this Period
 500.00

B. Dr. Paul D. Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Serena Pl.
 City American Canyon State CA Zip Code 94503-3150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Vallejo Foot & Ankle Clinic 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
 02 / 07 / 2014
Transaction ID : 21567822
 Amount of Each Receipt this Period
 500.00

C. Dr. Angela P. Dominique
 Full Name (Last, First, Middle Initial)
 Mailing Address 6244 Dorsett Woods Dr.
 City Mount Olive State AL Zip Code 35117-3644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Fultondale Foot Clinic 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
 02 / 07 / 2014
Transaction ID : 21567823
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<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. John D. Ruff
Full Name (Last, First, Middle Initial)
Mailing Address 6801 N. Ruff Ln.
City Peoria State IL Zip Code 61614-2843
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 07 / 2014**
Transaction ID : 21567824
Amount of Each Receipt this Period **500.00**

B. Dr. James M. Flynn
Full Name (Last, First, Middle Initial)
Mailing Address 10218 Mantle Ct.
City Oklahoma City State OK Zip Code 73162-4437
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 07 / 2014**
Transaction ID : 21567825
Amount of Each Receipt this Period **300.00**

C. Dr. Michael J. Hriljac
Full Name (Last, First, Middle Initial)
Mailing Address 745 McClintock Dr. #340
City Burr Ridge State IL Zip Code 60527-0853
FEC ID number of contributing federal political committee. **C**
Name of Employer Illinois Podiatric Medical Association Occupation Executive Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 07 / 2014**
Transaction ID : 21567826
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1100.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<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. Jeffrey R. Baker
Full Name (Last, First, Middle Initial)

Mailing Address 111 W. Maple St. #2006

City Chicago	State IL	Zip Code 60610-5452
-----------------	-------------	------------------------

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

Name of Employer Weil Foot & Ankle Institute	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2014

Transaction ID : 21569488

Amount of Each Receipt this Period
500.00

B. Dr. William J. McShane
Full Name (Last, First, Middle Initial)

Mailing Address 555 Ashland Ave.

City North Baldwin	State NY	Zip Code 11510-2624
-----------------------	-------------	------------------------

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

Name of Employer Harbor Podiatry, P.C.	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2014

Transaction ID : 21570560

Amount of Each Receipt this Period
500.00

C. Dr. Scott B. King
Full Name (Last, First, Middle Initial)

Mailing Address 10585 Rutledge Rd.

City Ottumwa	State IA	Zip Code 52501-8995
-----------------	-------------	------------------------

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

Name of Employer Ottumwa Foot & Ankle Clinic	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
02	/	11	/	2014

Transaction ID : 21570562

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 48
	<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

Full Name (Last, First, Middle Initial) A. Dr. Michael Tritto		Date of Receipt MM / DD / YYYY 02 / 11 / 2014
Mailing Address 14409 White Tree Pl.		Transaction ID : 21570568
City North Potomac	State MD	Zip Code 20878-4354
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Lawrence S. MacTavish		Date of Receipt MM / DD / YYYY 02 / 11 / 2014
Mailing Address 2702 Northgate Village Dr.		Transaction ID : 21570571
City Houston	State TX	Zip Code 77068-1453
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Adam C. Brown		Date of Receipt MM / DD / YYYY 02 / 11 / 2014
Mailing Address 5158 Timber Race Course		Transaction ID : 21570575
City Hollywood	State SC	Zip Code 29449-5969
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Carolina Foot Specialists	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).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. Richard E. Horsman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Centerwood Dr.
 City Olympia State WA Zip Code 98501-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Sound Foot & Ankle 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
 02 / 11 / 2014
Transaction ID : 21570578
 Amount of Each Receipt this Period
 300.00

B. Dr. Atta J. Asef
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Grey Fox Fun
 City Bentleyville State OH Zip Code 44022
 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
 02 / 11 / 2014
Transaction ID : 21570583
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael K. Y. Chun
 Full Name (Last, First, Middle Initial)
 Mailing Address Pali Momi Medical Center
 98-1079 Moanalua Rd. #400
 City Aiea State HI Zip Code 96701-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kapiolani Med. Ctr. At Pali Momi 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
 02 / 11 / 2014
Transaction ID : 21570585
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<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. Denise Lea Elliott
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Center
 1111 Medical Center Blvd. #N507
 City Marrero State LA Zip Code 70072-3151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 14 / 2014**
Transaction ID : 21572958
 Amount of Each Receipt this Period **500.00**

B. Dr. Kent L. Magrini
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 Brownwood Estate
 City Fort Smith State AR Zip Code 72916-4029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Health Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 10 / 2014**
Transaction ID : 21573076
 Amount of Each Receipt this Period **1000.00**

C. Dr. Angie Lynn Glynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 4343 N. 600 E.
 City Franklin State IN Zip Code 46131-7865
 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 **02 / 10 / 2014**
Transaction ID : 21573077
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
	<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. Rae Louise Lantsberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 S.E. 49th Ave.
 City Portland State OR Zip Code 97206-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gresham Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2014
Transaction ID : 21573078
 Amount of Each Receipt this Period 500.00

B. Dr. Edward A. Schulz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1613 Virginia Ave.
 City Libertyville State IL Zip Code 60048-4447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mundelein Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2014
Transaction ID : 21573079
 Amount of Each Receipt this Period 500.00

C. Dr. David R. Northcutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1531 N. Buckner Blvd.
 City Dallas State TX Zip Code 75218-3517
 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 02 / 10 / 2014
Transaction ID : 21573080
 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 48
	<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. Jerry D. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1585 Del Mar Cir.

City Idaho Falls State ID Zip Code 83404-7400

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

Name of Employer Eastern ID Foot Clinic 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
 02 / 10 / 2014
Transaction ID : 21573081

Amount of Each Receipt this Period
 300.00

B. Dr. Charles M. Cavicchio
Full Name (Last, First, Middle Initial)

Mailing Address 25 Greenwood Ln.

City Lincoln State RI Zip Code 02865-4726

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
 02 / 10 / 2014
Transaction ID : 21573082

Amount of Each Receipt this Period
 300.00

C. Dr. Dennis L. Turner
Full Name (Last, First, Middle Initial)

Mailing Address 5 Wedgewood Way

City Scotch Plains State NJ Zip Code 07076-2727

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
 02 / 12 / 2014
Transaction ID : 21573093

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<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. Kevin Holton
Full Name (Last, First, Middle Initial)

Mailing Address 2805 Jasmine Ct.

City Saint Cloud State MN Zip Code 56301-9467

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 02 / 12 / 2014
Transaction ID : 21573094

Amount of Each Receipt this Period 500.00

B. Dr. Ahmad R. Farah
Full Name (Last, First, Middle Initial)

Mailing Address 12817 Don Allen Dr.

City Carleton State MI Zip Code 48117-9269

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 02 / 11 / 2014
Transaction ID : 21573541

Amount of Each Receipt this Period 250.00

C. 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 02 / 11 / 2014
Transaction ID : 21573542

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Anthony Hugh Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Doubleday Rd.
 City Columbia State CT Zip Code 06237-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colchester Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21573715
 Amount of Each Receipt this Period 250.00

B. Dr. John M. Wray
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 Claremont Dr.
 City Downers Grove State IL Zip Code 60516-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2014
Transaction ID : 21575662
 Amount of Each Receipt this Period 250.00

C. Dr. Gary F. Stones
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Hayes St.
 City Garden City State NY Zip Code 11530-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2014
Transaction ID : 21576442
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
	<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

Full Name (Last, First, Middle Initial) A. Dr. Alvin J. Kanegis		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 Transaction ID : 21576443
Mailing Address 78 Page Ln.		Amount of Each Receipt this Period 300.00
City Westbury	State NY	Zip Code 11590-6213
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <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. Randy K. Kaplan		Date of Receipt MM / DD / YYYY 02 / 11 / 2014 Transaction ID : 21577720
Mailing Address 6578 Post Oak Dr.		Amount of Each Receipt this Period 400.00
City West Bloomfield	State MI	Zip Code 48322-3830
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Marc Weitzman		Date of Receipt MM / DD / YYYY 02 / 11 / 2014 Transaction ID : 21577721
Mailing Address 10425 Kingston Ave.		Amount of Each Receipt this Period 300.00
City Huntington Woods	State MI	Zip Code 48070-1113
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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48
	<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. Marc Weitzman
Full Name (Last, First, Middle Initial)

Mailing Address 10425 Kingston Ave.

City State Zip Code
Huntington Woods MI 48070-1113

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 / D D / Y Y Y Y Y Y
02 / 11 / 2014
Transaction ID : 21577722

Amount of Each Receipt this Period
300.00

B. Dr. Jodie Noll Sengstock
Full Name (Last, First, Middle Initial)

Mailing Address 49450 Hudson Dr.

City State Zip Code
Canton MI 48188-1979

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2014
Transaction ID : 21577723

Amount of Each Receipt this Period
300.00

C. Dr. Marc A. Borovoy
Full Name (Last, First, Middle Initial)

Mailing Address 6827 Minnow Pond Dr.

City State Zip Code
West Bloomfield MI 48322-2664

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

Name of Employer Occupation
Associated Podiatrists 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
02 / 11 / 2014
Transaction ID : 21577724

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48
	<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

Full Name (Last, First, Middle Initial) A. Dr. Randy K. Kaplan			Date of Receipt MM / DD / YYYY 02 / 11 / 2014 Transaction ID : 21577725
Mailing Address 6578 Post Oak Dr.			Amount of Each Receipt this Period 100.00
City West Bloomfield	State MI	Zip Code 48322-3830	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Self-Employed		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Michael H. Theodoulou			Date of Receipt MM / DD / YYYY 02 / 12 / 2014 Transaction ID : 21577726
Mailing Address 24 Puritan Dr.			Amount of Each Receipt this Period 500.00
City Bedford	State NH	Zip Code 03110-6045	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer CHAPO		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Ruth Ann Cooper			Date of Receipt MM / DD / YYYY 02 / 12 / 2014 Transaction ID : 21577727
Mailing Address 4415 Aicholtz Rd. #200			Amount of Each Receipt this Period 20.00
City Cincinnati	State OH	Zip Code 45245-5135	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2520.00
Name of Employer Self-Employed		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Dr. 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 21577729
 Amount of Each Receipt this Period
 250.00

B. Dr. Patrick A. DeHeer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3933 E. 191st St.
 City State Zip Code
 Westfield IN 46062-9238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hoosier Foot & Ankle Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2014
Transaction ID : 21577855
 Amount of Each Receipt this Period
 1500.00

C. Dr. Keith Justin Luper
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Marina Blvd.
 City State Zip Code
 Mandeville LA 70471-1513
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2014
Transaction ID : 21577878
 Amount of Each Receipt this Period
 700.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
	<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. Denise Lea Elliott
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Center
1111 Medical Center Blvd. #N507

City Marrero State LA Zip Code 70072-3151

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

Name of Employer Foot & Ankle Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 18 / 2014
Transaction ID : 21581494

Amount of Each Receipt this Period
500.00

B. Dr. Nicholas J. Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 238 E. 13th Ave.

City Spokane State WA Zip Code 99202-1115

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

Name of Employer Family Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 18 / 2014
Transaction ID : 21581496

Amount of Each Receipt this Period
300.00

C. Dr. Gregory M. Jansyn
Full Name (Last, First, Middle Initial)

Mailing Address 927 S. Peale Ave.

City Park Ridge State IL Zip Code 60068-4961

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
02 / 18 / 2014
Transaction ID : 21581499

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48
	<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. Dharmesh Pravin Bhakta
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Hidden Lake Ct.
 City Mansfield State TX Zip Code 76063-5466
 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
 02 / 18 / 2014
Transaction ID : 21581501
 Amount of Each Receipt this Period
 1000.00

B. Dr. Matt Andrew Heilala
 Full Name (Last, First, Middle Initial)
 Mailing Address 16734 Briarcliff Pointe
 City Anchorage State AK Zip Code 99516-5432
 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
 02 / 18 / 2014
Transaction ID : 21581502
 Amount of Each Receipt this Period
 500.00

C. Dr. Carolyn E. McAloon
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Pradera Way
 City San Ramon State CA Zip Code 94583-5365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Bay Area Foot Care 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
 02 / 18 / 2014
Transaction ID : 21581504
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 48
	(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

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. Ronald G. Cervetti

Full Name (Last, First, Middle Initial)
Mailing Address Cedar Valley Podiatry
4508 Chadwick Rd.

City Cedar Falls State IA Zip Code 50613-7958

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

Name of Employer Cedar Valley Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 18 / 2014
Transaction ID : 21581506

Amount of Each Receipt this Period
300.00

B. Dr. Richard A. Bronfman

Full Name (Last, First, Middle Initial)
Mailing Address AR Foot & Ankle Clinic
1501 Aldersgate Rd.

City Little Rock State AR Zip Code 72205-6611

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

Name of Employer AR Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 18 / 2014
Transaction ID : 21581507

Amount of Each Receipt this Period
300.00

C. Dr. Chad A. Summy

Full Name (Last, First, Middle Initial)
Mailing Address Foot & Ankle Specialists
2705 Samson Way

City Bellevue State NE Zip Code 68123-4307

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

Name of Employer Summy Foot & Ankle P.C. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 18 / 2014
Transaction ID : 21581508

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 48
	<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. Marc A. Lederman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Livingston Rd.
 City State Zip Code
 Collinsville CT 06019-3050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 W. Hartford Podiatry Associates 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
 02 / 18 / 2014
Transaction ID : 21581509
 Amount of Each Receipt this Period
 300.00

B. Dr. Carlton G. Purvis
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Old Coach Rd.
 City State Zip Code
 Rocky Mount NC 27804-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Purvis Foot & Ankle Center 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
 02 / 18 / 2014
Transaction ID : 21581510
 Amount of Each Receipt this Period
 300.00

C. Dr. Barry Saffran
 Full Name (Last, First, Middle Initial)
 Mailing Address 5949 Farview Woods Dr.
 City State Zip Code
 Fairfax Station VA 22039-1426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Foot & Ankle Care, P.C. 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
 02 / 18 / 2014
Transaction ID : 21581513
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 48
	<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. Faith C. Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 6209 Alt Monte Ave. N.E.

City Albuquerque State NM Zip Code 87110-2101

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

Name of Employer S.W. Podiatry Center 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
 02 / 14 / 2014
Transaction ID : 21581980

Amount of Each Receipt this Period
 500.00

B. Dr. Seth Lee Launer
Full Name (Last, First, Middle Initial)

Mailing Address 9 E. Alary Ln.

City Corrales State NM Zip Code 87048-8307

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

Name of Employer ABQ Health Partners 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
 02 / 14 / 2014
Transaction ID : 21581981

Amount of Each Receipt this Period
 300.00

C. Dr. Helena Anne Reid
Full Name (Last, First, Middle Initial)

Mailing Address 840 35th Ave. Pl. #102

City Moline State IL Zip Code 61265-8026

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 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
 02 / 18 / 2014
Transaction ID : 21581990

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 31 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Briant G. Moyles
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Franklyn Ave.
 City Indialantic State FL Zip Code 32903-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Melbourne Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014
Transaction ID : 21581991
 Amount of Each Receipt this Period
 300.00

B. Dr. Elizabeth G. Tice
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Windsor Ct.
 City Ridgeland State MS Zip Code 39157-8741
 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
 02 / 18 / 2014
Transaction ID : 21581992
 Amount of Each Receipt this Period
 300.00

c. Dr. Charles G. Kissel
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Christine Dr.
 City Grosse Pointe Farms State MI Zip Code 48236-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Footcare Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014
Transaction ID : 21581993
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Dr. Scott Frederick Jorgensen
Full Name (Last, First, Middle Initial)

Mailing Address 6917 Dawson Ln.

City Edina State MN Zip Code 55435-1601

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 02 / 19 / 2014
Transaction ID : 21582015

Amount of Each Receipt this Period 500.00

B. Dr. Oliver S. Foster
Full Name (Last, First, Middle Initial)

Mailing Address Baldwin Hills Foot & Ankle Center
3756 Santa Rosalia Dr. #302

City Los Angeles State CA Zip Code 90008-3606

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

Name of Employer Baldwin Hills Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2014
Transaction ID : 21582016

Amount of Each Receipt this Period 300.00

C. Dr. Frank S. Campo
Full Name (Last, First, Middle Initial)

Mailing Address N. End Foot Center
260 North St.

City Boston State MA Zip Code 02113-2106

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

Name of Employer N. End Foot Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2014
Transaction ID : 21582017

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48
	<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. Ira H. Kraus
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Dogwood Trl.
 City Ringgold State GA Zip Code 30736-2725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Foot Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : 21582043
 Amount of Each Receipt this Period
 1000.00

B. Dr. Richard E. Ehle
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Black Walnut Ln.
 City Burlington State CT Zip Code 06013-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT Foot Care Centers 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
 02 / 20 / 2014
Transaction ID : 21582951
 Amount of Each Receipt this Period
 500.00

C. Dr. Thomas Abrahamsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Old Mill Rd.
 City Fairfield State CT Zip Code 06824-4928
 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
 02 / 20 / 2014
Transaction ID : 21582952
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<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. Arnold S. Beresh
Full Name (Last, First, Middle Initial)
Mailing Address 417 Chadwick Pl.
City Newport News State VA Zip Code 23606-3169
FEC ID number of contributing federal political committee. **C**
Name of Employer Peninsula Foot & Ankle Specialist Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2014
Transaction ID : 21582963
Amount of Each Receipt this Period 250.00

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

Date of Receipt 02 / 21 / 2014
Transaction ID : 21584353
Amount of Each Receipt this Period 500.00

C. Dr. Harry Goldsmith
Full Name (Last, First, Middle Initial)
Mailing Address 13337 E. South St. #325
City Cerritos State CA Zip Code 90703-7308
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 02 / 21 / 2014
Transaction ID : 21584354
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48
	<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. Roderick D. Farley
 Full Name (Last, First, Middle Initial)
 Mailing Address 8001 Merissa Ln. N.E.
 City Albuquerque State NM Zip Code 87122-3763
 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
 02 / 24 / 2014
Transaction ID : 21586434
 Amount of Each Receipt this Period
300.00

B. Dr. Nathan D. Ivey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 Kalgan Rd. N.E.
 City Rio Rancho State NM Zip Code 87144-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Foot & Ankle Institute 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
 02 / 24 / 2014
Transaction ID : 21586435
 Amount of Each Receipt this Period
300.00

C. Dr. William Cabell Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Epic Way #439
 City San Jose State CA Zip Code 95134-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar Health Occupation Podiatric Medical Resident
 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
 02 / 24 / 2014
Transaction ID : 21586454
 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 37 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Richard H. Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 Congress Ave. #3110
 City State Zip Code
 Boca Raton FL 33487-1357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 21587101
 Amount of Each Receipt this Period
 300.00

B. Dr. Patricia Eileen Cain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 S.E. Oak St.
 City State Zip Code
 Portland OR 97214-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon City Foot Clinic 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
 02 / 25 / 2014
Transaction ID : 21587103
 Amount of Each Receipt this Period
 1000.00

C. Dr. Brian W. Cornell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Algonquin Dr.
 City State Zip Code
 Middletown RI 02842-4573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 21587104
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 48
	<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. Raymond G. Cavaliere
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Cedar Ridge Ln.
 City Dix Hills State NY Zip Code 11746-7941
 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 **02 / 25 / 2014**
Transaction ID : 21587105
 Amount of Each Receipt this Period **300.00**

B. Dr. Marc R. Bernbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Burr Hall Rd.
 City Middlebury State CT Zip Code 06762-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waterbury Podiatry Consultants Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 21587106
 Amount of Each Receipt this Period **250.00**

C. Dr. Alan J. Discont
 Full Name (Last, First, Middle Initial)
 Mailing Address 8880 E Withersfield Rd.
 City Scottsdale State AZ Zip Code 85260-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot & Ankle Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 21587107
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48
	<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. Marque Anthony Allen
Full Name (Last, First, Middle Initial)

Mailing Address 114 Santa Ursula

City Helotes State TX Zip Code 78023-4338

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 02 / 25 / 2014
Transaction ID : 21587108

Amount of Each Receipt this Period 500.00

B. Dr. Jay D. Lifshen
Full Name (Last, First, Middle Initial)

Mailing Address 5706 Windmier Cir.

City Dallas State TX Zip Code 75252-5007

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

Name of Employer S.W. Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 21587109

Amount of Each Receipt this Period 1000.00

C. Dr. Brent Martin Harwood
Full Name (Last, First, Middle Initial)

Mailing Address Southeast Podiatry
23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532-3353

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

Name of Employer Southeast Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 21587111

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 48
	<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. Barry M. Schulman
Full Name (Last, First, Middle Initial)

Mailing Address 7930 Diamondhead Dr.

City Ooltewah State TN Zip Code 37363-9783

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

Name of Employer My Foot Doctor Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 21587112

Amount of Each Receipt this Period 500.00

B. Dr. Curtis L. Ward
Full Name (Last, First, Middle Initial)

Mailing Address 4427 W. Jewelwood Ct.

City Peoria State IL Zip Code 61615-8933

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

Name of Employer ACPM Podiatry Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 21587114

Amount of Each Receipt this Period 300.00

C. Dr. Lisa M. Schoene
Full Name (Last, First, Middle Initial)

Mailing Address 659 W. Wellington Ave. #3W

City Chicago State IL Zip Code 60657-5305

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

Name of Employer Gurnee Podiatry & Sports Medicine Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 21587118

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Dr. Blake Odell Zobell
Full Name (Last, First, Middle Initial)

Mailing Address 855 N. 225 W.

City Richfield State UT Zip Code 84701-1775

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
02 / 25 / 2014
Transaction ID : 21587129

Amount of Each Receipt this Period
250.00

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

Mailing Address 21 Inverness Ln.

City Newport Beach State CA Zip Code 92660-5110

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
02 / 25 / 2014
Transaction ID : 21587131

Amount of Each Receipt this Period
300.00

C. Dr. John L. Bostanche
Full Name (Last, First, Middle Initial)

Mailing Address 23373 98th St.

City Salem State WI Zip Code 53168-8924

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 25 / 2014
Transaction ID : 21587132

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Pat Mistretta		Date of Receipt MM / DD / YYYY 02 / 25 / 2014 Transaction ID : 21587135
Mailing Address 1745 Riverglen Dr.		Amount of Each Receipt this Period 250.00
City Suwanee	State GA	Zip Code 30024-1864
FEC ID number of contributing federal political committee. C	Name of Employer Affiliated Foot & Ankle	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Johnnie L. Alston		Date of Receipt MM / DD / YYYY 02 / 25 / 2014 Transaction ID : 21587151
Mailing Address 3452 Dalraida Pkwy.		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Debra Mary Gibson		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 21587762
Mailing Address South Baldwin Podiatry 1770 N. Alston St.		Amount of Each Receipt this Period 500.00
City Foley	State AL	Zip Code 36535-2274
FEC ID number of contributing federal political committee. C	Name of Employer S. Baldwin Podiatry, P.C.	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr. Lindsay D. Barth		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 21587763
Mailing Address 3120 Hawthorne Blvd.		Amount of Each Receipt this Period 500.00
City Saint Louis	State MO	Zip Code 63104-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Tesson Ferry Foot & Ankle	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Leslie G. Levy		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 21587764
Mailing Address 23501 Cinema Dr. #209		Amount of Each Receipt this Period 500.00
City Valencia	State CA	Zip Code 91355-5430
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Kathleen Toepp Neuhoff		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 21587765
Mailing Address 21730 Roosevelt Rd.		Amount of Each Receipt this Period 300.00
City South Bend	State IN	Zip Code 46614-9259
FEC ID number of contributing federal political committee. C		
Name of Employer Family Footcare Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Dr. Bradley J. Magill

Mailing Address 132 Saddle Club Rd.

City Punxsutawney State PA Zip Code 15767-3669

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: **02 / 25 / 2014**

Transaction ID : 21587780

Amount of Each Receipt this Period: **250.00**

Full Name (Last, First, Middle Initial)
B. Dr. Douglas T. Gillis

Mailing Address Arroyo Foot & Ankle Clinic
780 S. Walnut St. #3

City Las Cruces State NM Zip Code 88001-1425

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

Name of Employer: Arroyo Foot & Ankle Clinic Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **02 / 27 / 2014**

Transaction ID : 21587815

Amount of Each Receipt this Period: **500.00**

Full Name (Last, First, Middle Initial)
C. Dr. Hsiao-ch'un Yu

Mailing Address Arroyo Foot & Ankle Clinic
780 S. Walnut St. #3

City Las Cruces State NM Zip Code 88001-1425

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

Name of Employer: Arroyo Foot & Ankle Clinic Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **02 / 27 / 2014**

Transaction ID : 21587816

Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Dr. Alan E. Singer
Full Name (Last, First, Middle Initial)

Mailing Address 4 Golden Crest Ct.

City Rockville State MD Zip Code 20854-2982

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 02 / 27 / 2014
Transaction ID : 21589323

Amount of Each Receipt this Period 1000.00

B. Dr. Rylan J. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 16630 Elk Horn Rd.

City Piedmont State SD Zip Code 57769-2125

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 02 / 27 / 2014
Transaction ID : 21589324

Amount of Each Receipt this Period 300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	56978.00

**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

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	4

Transaction ID : 21563269

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Davis for Congress

Mailing Address 5630 W. Division St.

City Chicago State IL Zip Code 60651

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Danny K. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

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

Transaction ID : 21563830

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

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

Transaction ID : 21564648

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2014

Transaction ID : 21569415

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

--

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

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

Amount of Each Disbursement this Period

--

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

2500.00

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

18500.00
