



**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"/>		494355.15
(b) Cash on Hand at Beginning of Reporting Period.....	615063.15	
(c) Total Receipts (from Line 19) .....	31240.50	236948.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	646303.65	731303.65
7. Total Disbursements (from Line 31).....	0.00	85000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	646303.65	646303.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18629.00	170590.00
(ii) Unitemized .....	12611.50	66358.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31240.50	236948.50
(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) .....	31240.50	236948.50
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))..... ▶	31240.50	236948.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31240.50	236948.50

**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.....	0.00	85000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	85000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	85000.00

**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) .....	31240.50	236948.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31240.50	236948.50
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: PAGE 6 OF 24  
(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. Mack Jay Groves IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 W. 10th Ave. #2  
 City Covington State LA Zip Code 70433-2314  
 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  
 04 / 03 / 2014  
**Transaction ID : 21675318**  
 Amount of Each Receipt this Period  
 500.00

**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 ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2014  
**Transaction ID : 21678709**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Joel W. Brook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16226 Red Cedar Trl.  
 City Dallas State TX Zip Code 75248-3940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dallas Podiatry Works  
 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  
 04 / 04 / 2014  
**Transaction ID : 21678736**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Gregory T. Amarantos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1291 Lawrence Ave.  
 City Lake Forest State IL Zip Code 60045-3639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amaranantos Foot 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  
 04 / 04 / 2014  
**Transaction ID : 21678960**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Joseph S. Borreggine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 924 Hawthorne Drive  
 City Charleston State IL Zip Code 61920-8260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : 21678962**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Myron I. Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Wolf Podiatry & Assoc.  
 800 Biesterfield Rd. #625  
 City Elk Grove Village State IL Zip Code 60007-3362  
 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  
 04 / 04 / 2014  
**Transaction ID : 21678963**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Andrew H. Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Lumberman Way

City Saginaw State MI Zip Code 48603-8627

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

Name of Employer Mid-MI Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2014

**Transaction ID : 21678965**

Amount of Each Receipt this Period  
300.00

**B. Dr. Curtis W. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 1047 Brevor Pl.

City Walla Walla State WA Zip Code 99362-9381

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  
04 / 04 / 2014

**Transaction ID : 21680493**

Amount of Each Receipt this Period  
500.00

**C. Dr. Bobby D. Sage**  
Full Name (Last, First, Middle Initial)

Mailing Address 5445 Irish Rd.

City Grand Blanc State MI Zip Code 48439-9754

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  
04 / 04 / 2014

**Transaction ID : 21680522**

Amount of Each Receipt this Period  
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Michael W. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1951 S. Grandview Ave.  
 City Dubuque State IA Zip Code 52003-7922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dubuque Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : 21680524**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Robert E. Gallucci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Bald Hill Rd. #503  
 City Warwick State RI Zip Code 02886-1692  
 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  
 04 / 07 / 2014  
**Transaction ID : 21680586**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Steven P. Brancheau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1871 Hwy. 69 S.  
 City Greenville State TX Zip Code 75402-9029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N. TX Family Foot Care Center 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  
 04 / 10 / 2014  
**Transaction ID : 21681923**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Jack A. Koch**  
Full Name (Last, First, Middle Initial)

Mailing Address 2937 Cardamon Ln.

City Fullerton State CA Zip Code 92835-4307

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 04 / 10 / 2014  
**Transaction ID : 21685367**

Amount of Each Receipt this Period 500.00

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

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

City Shreveport State LA Zip Code 71106-8158

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2014  
**Transaction ID : 21686731**

Amount of Each Receipt this Period 100.00

**C. Dr. Zahid A. Ladha**  
Full Name (Last, First, Middle Initial)

Mailing Address 3544 Marquis Ct.

City Floyds Knobs State IN Zip Code 47119-9766

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 ▼ 750.00

Date of Receipt 04 / 14 / 2014  
**Transaction ID : 21688968**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

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

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

**A. Dr. Barry E. Wesselowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 Majestic Dr.  
 City Independence State KS Zip Code 67301-1519  
 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  
 04 / 15 / 2014  
**Transaction ID : 21696143**  
 Amount of Each Receipt this Period  
 350.00

**B. Dr. Lisa Cornelius**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4226 S.W. Agate Ave.  
 City Corvallis State OR Zip Code 97333-1178  
 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  
 04 / 14 / 2014  
**Transaction ID : 21696147**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Mark Andrew Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2210 Fleance Dr.  
 City Pensacola State FL Zip Code 32503-5827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pensacola Foot & Ankle Center  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : 21696440**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Eugene M. Macdonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13654 Smokey Ridge Pl.  
 City Carmel State IN Zip Code 46033-9263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marion Foot & Ankle Care 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  
 04 / 15 / 2014  
**Transaction ID : 21696536**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Barney A. Greenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16283 Cayuga Cir.  
 City Davie State FL Zip Code 33331-2155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1201.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : 21696771**  
 Amount of Each Receipt this Period  
 1.00

**C. Dr. Mark E. Reiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2909 Abernathy Lake Cove  
 City Jonesboro State AR Zip Code 72404-8403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : 21697115**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 551.00  
**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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gary S. Saphire</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014 <b>Transaction ID : 21697751</b>
Mailing Address 248 Avenue P		Amount of Each Receipt this Period 85.00
City Brooklyn	State NY	Zip Code 11204-4934
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Tyson E. Green</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2014 <b>Transaction ID : 21701902</b>
Mailing Address 4213 Maidstone Dr.		Amount of Each Receipt this Period 100.00
City Lake Charles	State LA	Zip Code 70605-4033
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>C. Dr. Robert E. Marra</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2014 <b>Transaction ID : 21701920</b>
Mailing Address 90 Crystal Springs Dr.		Amount of Each Receipt this Period 125.00
City Tolland	State CT	Zip Code 06084-2029
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Dr. Jason Ray Surratt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 S.W. 29th Ave.  
 City Portland State OR Zip Code 97239-1208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014  
**Transaction ID : 21702565**  
 Amount of Each Receipt this Period  
 500.00

**B. 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014  
**Transaction ID : 21702566**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Jondelle B. Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address J.B. Jenkins & Associates 1706 E. 87th St.  
 City Chicago State IL Zip Code 60617-2740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1667.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014  
**Transaction ID : 21702611**  
 Amount of Each Receipt this Period  
 833.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1833.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Lesley S. Appel**

Mailing Address 146 Ritchie Ave.

City State Zip Code  
 Cincinnati OH 45215-2035

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 ▼  
 1000.00

Date of Receipt  
 04 / 22 / 2014  
**Transaction ID : 21703091**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Martha Jullie Ajlouny**

Mailing Address Greensboro Podiatry Associates, P.  
 530 N. Elam Ave. #A

City State Zip Code  
 Greensboro NC 27403-1139

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

Name of Employer Occupation  
 Greensboro Podiatry Associates Podiatric Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 23 / 2014  
**Transaction ID : 21703282**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Andrew J. Schneider**

Mailing Address 4326 Sarong Dr.

City State Zip Code  
 Houston TX 77096-4425

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

Name of Employer Occupation  
 Tanglewood Foot Specialists Podiatric Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 04 / 23 / 2014  
**Transaction ID : 21703286**

Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1335.00

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert W. Sullivan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014
Mailing Address 1661 Church Point Ln.		<b>Transaction ID : 21703748</b>
City Virginia Beach	State VA	Zip Code 23455-7015
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) <b>B. Dr. Animesh S. Bhatia</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014
Mailing Address 4561 Neiswander Sq.		<b>Transaction ID : 21705683</b>
City New Albany	State OH	Zip Code 43054-9642
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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>C. Dr. David R. Kirlin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014
Mailing Address 2600 Thomas Trl.		<b>Transaction ID : 21706031</b>
City Gastonia	State NC	Zip Code 28054-4964
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Gaston Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Dr. Michael B. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 68th Pl.

City Kenosha State WI Zip Code 53143-5137

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 28 / 2014  
**Transaction ID : 21706033**

Amount of Each Receipt this Period  
125.00

**B. Dr. Craig H. Thomajan**  
Full Name (Last, First, Middle Initial)

Mailing Address Austin Foot & Ankle Specialists  
5000 Bee Cave Rd. #202

City West Lake Hills State TX Zip Code 78746-5254

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

Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
04 / 28 / 2014  
**Transaction ID : 21706034**

Amount of Each Receipt this Period  
100.00

**C. Dr. Grayden W. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 17704 N.E. 28th St.

City Vancouver State WA Zip Code 98682-3637

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

Name of Employer Gresham Podiatry Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
04 / 28 / 2014  
**Transaction ID : 21706147**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. James E. Lisle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1327 Pressler Ct. S.  
 City Salem State OR Zip Code 97306-2165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cascade Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : 21706149**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Christopher S. Seuferling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 N.W. 30th Ave.  
 City Camas State WA Zip Code 98607-8697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt. Tabor Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : 21706153**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Deniese E. Granville**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2551 Beacon Hill Dr.  
 City West Linn State OR Zip Code 97068-3689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OR Institute of Footcare Physicians 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  
 04 / 28 / 2014  
**Transaction ID : 21706159**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Daniel F. Byrd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 N.W. 4th St.  
 City Pendleton State OR Zip Code 97801-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Mountain Foot Specialists 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  
 04 / 28 / 2014  
**Transaction ID : 21706162**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. David S. Chung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N.W. Foot Clinic, P.C.  
 4055 S.W. 185th Ave. #100  
 City Aloha State OR Zip Code 97007-1567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N.W. Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : 21706163**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Kim G. Gauntt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16585 N.E. Fairview Dr.  
 City Dundee State OR Zip Code 97115-9108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot Health Center of Newberg Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : 21706165**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Darrell Duane Prins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2014
Mailing Address 3317 Yacht Ave.		<b>Transaction ID : 21706172</b>
City Lincoln City	State OR	Zip Code 97367-5188
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Lincoln County Foot Health Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew C. Schink</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2014
Mailing Address 1715 Cameo Dr.		<b>Transaction ID : 21706173</b>
City Eugene	State OR	Zip Code 97405-5897
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jay C. Goldstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2014
Mailing Address 2626 N.W. 83rd Pl.		<b>Transaction ID : 21706174</b>
City Portland	State OR	Zip Code 97229-4151
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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Kevin C. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9708 Aragon Ln.  
 City Charlotte State NC Zip Code 28269-6998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Care, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : 21706339**  
 Amount of Each Receipt this Period 300.00

**B. Dr. Lawrence Zane Huppin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7109 Dayton Ave. N.  
 City Seattle State WA Zip Code 98103-5029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot & Ankle Center of WA Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 29 / 2014  
**Transaction ID : 21706422**  
 Amount of Each Receipt this Period 500.00

**C. Dr. Donald W. Orminski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Central WA Podiatry Service  
 307 S. 12th Ave. #9  
 City Yakima State WA Zip Code 98902-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central WA Podiatry Service Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 29 / 2014  
**Transaction ID : 21706426**  
 Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Douglas K. Monson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Center  
 526 N. Mullan Rd. #B  
 City Spokane Valley State WA Zip Code 99206-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2014  
**Transaction ID : 21706432**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Eric E. Leonheart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Valley Podiatric Clinic  
 24920 104th Ave. S.E.  
 City Kent State WA Zip Code 98030-6443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Puyallup Foot & Ankle 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  
 04 / 29 / 2014  
**Transaction ID : 21706436**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Deborah Ketterer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28229 149th Ave. S.E.  
 City Kent State WA Zip Code 98042-4551  
 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  
 04 / 29 / 2014  
**Transaction ID : 21706442**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Void - Kind For Congress Committee

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 M	/	D D D	/	Y Y Y Y Y
04		22		2014

**Transaction ID : 21703100**

Amount of Each Disbursement this Period

-1000.00
----------

Void - Kind For Congress Committee

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Replacement for check 4718 which was lost in the mail

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 M	/	D D D	/	Y Y Y Y Y
04		22		2014

**Transaction ID : 21703101**

Amount of Each Disbursement this Period

1000.00
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Replacement for check 4718 which was lost in the mail

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

Amount of Each Disbursement this Period

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

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

0.00
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