

**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="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	210109.16	
(c) Total Receipts (from Line 19)	30256.50	426970.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	240365.66	828078.66
7. Total Disbursements (from Line 31).....	0.00	587613.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	240365.66	240465.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2012

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).....	17320.00	272417.00
(ii) Unitemized	12936.50	151553.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30256.50	423970.50
(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)	30256.50	423970.50
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	3000.00
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))..... ▶	30256.50	426970.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30256.50	426970.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	584200.00
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	2250.00
(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	2250.00
29. Other Disbursements	0.00	1163.00
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	587613.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	587613.00

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)	30256.50	423970.50
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30256.50	421720.50
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 31
<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. Jared T. Clifford		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : 20494585
Mailing Address 1019 6th St.		Amount of Each Receipt this Period 20.00
City Prosser	State WA	Zip Code 99350-1406
FEC ID number of contributing federal political committee.	C	
Name of Employer Mt. Adams Surgical Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Dr. Douglas K. Birch		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : 20518553
Mailing Address 296 Liliuokalani St.		Amount of Each Receipt this Period 150.00
City Makawao	State HI	Zip Code 96768-8630
FEC ID number of contributing federal political committee.	C	
Name of Employer Aloha Family Footcare, LLC	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. Grace D. Pascual		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : 20518555
Mailing Address 86274 Alamihi St.		Amount of Each Receipt this Period 300.00
City Waianae	State HI	Zip Code 96792-2911
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).....▶	470.00
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 31
	<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. 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 ▼ 350.00

Date of Receipt 11 / 27 / 2012

Transaction ID : 20518556

Amount of Each Receipt this Period 350.00

B. Dr. David C. Novicki
Full Name (Last, First, Middle Initial)

Mailing Address 403 Northwood Dr.

City Orange State CT Zip Code 06477-1051

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

Name of Employer Milford Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2012

Transaction ID : 20521612

Amount of Each Receipt this Period 250.00

C. Dr. James H. Dolan
Full Name (Last, First, Middle Initial)

Mailing Address 8 Highlander Dr.

City North Hampton State NH Zip Code 03862-2101

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 ▼ 350.00

Date of Receipt 11 / 28 / 2012

Transaction ID : 20521615

Amount of Each Receipt this Period 150.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<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. Debra Dale Weinstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Fairway Ct.
 City Roslyn State NY Zip Code 11576-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 20521616
 Amount of Each Receipt this Period
300.00

B. Dr. Patricia M. O'Donnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 28W471 Douglas Rd.
 City Naperville State IL Zip Code 60564-9595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Naperville 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
 11 / 28 / 2012
Transaction ID : 20521617
 Amount of Each Receipt this Period
300.00

C. Dr. Paul Z. Sheremeta
 Full Name (Last, First, Middle Initial)
 Mailing Address Capital Foot Specialists
 3761 Carman Rd.
 City Schenectady State NY Zip Code 12303-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 20521618
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<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. William A. Harr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2020 Hwy. A1A #101
 City Indian Harbour Beach State FL Zip Code 32937-3581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 20521619
 Amount of Each Receipt this Period
 300.00

B. Dr. Edward A. Buro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 Carlls Straight Path
 City Dix Hills State NY Zip Code 11746-5405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 20521621
 Amount of Each Receipt this Period
 150.00

C. Dr. Ronica N. Holcombe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 JT Ottinger Rd.
 City Westlake State TX Zip Code 76262-8066
 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
 11 / 28 / 2012
Transaction ID : 20521626
 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: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. George Douglas Lane
Full Name (Last, First, Middle Initial)
Mailing Address 42611 Reamy Way
City Ashburn State VA Zip Code 20148-3606
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 11 / 28 / 2012
Transaction ID : 20521628
Amount of Each Receipt this Period 300.00

B. Dr. Bryan Lee Mohr
Full Name (Last, First, Middle Initial)
Mailing Address 7362 Territory Pass
City Lakeville State MN Zip Code 55044-6119
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 28 / 2012
Transaction ID : 20521631
Amount of Each Receipt this Period 250.00

C. Dr. Kirk Eliel Woelffer
Full Name (Last, First, Middle Initial)
Mailing Address Raleigh Foot Center P.O. Box 98209
City Raleigh State NC Zip Code 27624-8209
FEC ID number of contributing federal political committee. **C**
Name of Employer Raleigh Foot Center Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 29 / 2012
Transaction ID : 20521645
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Charles P. Chapel		Date of Receipt 12 / 01 / 2012 Transaction ID : 20527335
Mailing Address 4191 Mariner Blvd.		Amount of Each Receipt this Period 150.00
City Spring Hill	State FL	Zip Code 34609-2470
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Frank A. Spinosa		Date of Receipt 12 / 01 / 2012 Transaction ID : 20527336
Mailing Address P.O. Box 1023		Amount of Each Receipt this Period 250.00
City Shelter Island	State NY	Zip Code 11964-1023
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce M. Nigro		Date of Receipt 12 / 02 / 2012 Transaction ID : 20527338
Mailing Address 3251 Wesday Rd. S.E.		Amount of Each Receipt this Period 25.00
City Palm Bay	State FL	Zip Code 32909-8404
FEC ID number of contributing federal political committee. C		
Name of Employer Barefoot Bay Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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 31
	<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. David E. Cornell
 Full Name (Last, First, Middle Initial)
 Mailing Address 13304 Miami St.
 City Omaha State NE Zip Code 68164-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Foot & Ankle Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : 20527339
 Amount of Each Receipt this Period
 100.00

B. Dr. David M. Kaufmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Ellison Dr.
 City Bedford State NH Zip Code 03110-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Hitchcock Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : 20543769
 Amount of Each Receipt this Period
 250.00

C. Dr. Phillip E. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Timberlane Dr.
 City Florence State SC Zip Code 29506-8338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Health Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : 20543770
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. 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 ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : 20556829
 Amount of Each Receipt this Period
 150.00

B. Dr. Steven M. Spinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1031 Coralina Ln.
 City Delray Beach State FL Zip Code 33483-6792
 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
 12 / 06 / 2012
Transaction ID : 20556979
 Amount of Each Receipt this Period
 375.00

c. Dr. Larry Craig Semer
 Full Name (Last, First, Middle Initial)
 Mailing Address 7601 N.W. 6th St.
 City Plantation State FL Zip Code 33324-1402
 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
 12 / 06 / 2012
Transaction ID : 20556984
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Derek J. McCammon
Full Name (Last, First, Middle Initial)

Mailing Address 9477 S.E. Emerald Loop

City Happy Valley State OR Zip Code 97086-8037

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 ▼ **504.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : 20558847

Amount of Each Receipt this Period **42.00**

B. Dr. Leslie P. Niehaus
Full Name (Last, First, Middle Initial)

Mailing Address 8708 Bedell Rd.

City Berlin Center State OH Zip Code 44401-8710

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

Name of Employer Alliance/Salem Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : 20559315

Amount of Each Receipt this Period **300.00**

C. Dr. Aaron Jon Chokan
Full Name (Last, First, Middle Initial)

Mailing Address OH Foot & Ankle Center
1700 Boettler Rd. #150

City Uniontown State OH Zip Code 44685-6208

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

Name of Employer OH Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : 20559316

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	842.00
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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Brandt Ryan Gibson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012
Mailing Address 929 E. 2850 N.		Transaction ID : 20562472
City Lehi	State UT	Zip Code 84043-3983
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John Michael Barnes		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012
Mailing Address 9615 N.W. Randall Ln.		Transaction ID : 20562512
City Portland	State OR	Zip Code 97229-5294
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Portland Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Holly A. Spohn-Gross		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012
Mailing Address 6425 Lynch Canyon Dr.		Transaction ID : 20563048
City Lake Isabella	State CA	Zip Code 93240-9726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Rural Health Clinic/Kern Valley Hosp.	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).....▶	550.00
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 31
	<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. Scot Francis Bertolo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4475 N. High St.
 City Columbus State OH Zip Code 43214-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Internist Associates of Central NY 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
 12 / 13 / 2012
Transaction ID : 20563049
 Amount of Each Receipt this Period
 25.00

B. Dr. Cynthia Rae Cernak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 43rd Ave.
 City Kenosha State WI Zip Code 53144-1213
 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
 12 / 13 / 2012
Transaction ID : 20568458
 Amount of Each Receipt this Period
 100.00

C. Dr. Douglas T. Gillis
 Full Name (Last, First, Middle Initial)
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 20568459
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<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. Manny Moy
Full Name (Last, First, Middle Initial)

Mailing Address 525 S.E. Marion St. #19

City Portland State OR Zip Code 97202-7078

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

Name of Employer Pacific Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 14 / 2012
Transaction ID : 20572318

Amount of Each Receipt this Period
150.00

B. Dr. Michael K. James
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Bowman Ln.

City Idaho Falls State ID Zip Code 83406-8340

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

Name of Employer Teton Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 14 / 2012
Transaction ID : 20572319

Amount of Each Receipt this Period
100.00

C. Dr. Phyllis A. Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 5104 Densmore Ave.

City Encino State CA Zip Code 91436-1550

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
12 / 16 / 2012
Transaction ID : 20572947

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶ 270.00

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 31
	<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. Steve R. Feller
Full Name (Last, First, Middle Initial)

Mailing Address 7507 Custer Rd. W.

City Tacoma	State WA	Zip Code 98499-8138
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : 20572960

Amount of Each Receipt this Period

50.00

B. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : 20572961

Amount of Each Receipt this Period

100.00

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : 20573061

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 31
	<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 Morrill
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Penbroke Pl.

City Lexington State KY Zip Code 40509-2016

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

Name of Employer Family Foot Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2012

Transaction ID : 20573062

Amount of Each Receipt this Period 300.00

B. Dr. Phyllis A. Ragley
Full Name (Last, First, Middle Initial)

Mailing Address 1112 W. 6th St. #112

City Lawrence State KS Zip Code 66044-2249

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 12 / 14 / 2012

Transaction ID : 20573063

Amount of Each Receipt this Period 300.00

C. Dr. Joan M. Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 3240 Purer Rd.

City Escondido State CA Zip Code 92029-7250

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2012

Transaction ID : 20573064

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 21 OF 31
	<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. Sandra Fox
Full Name (Last, First, Middle Initial)

Mailing Address 48 Appian Way

City State Zip Code
Wilmington OH 45177-9000

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

Name of Employer Occupation
Fox Podiatry Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573853

Amount of Each Receipt this Period
200.00

B. Dr. Kim A. Halladay
Full Name (Last, First, Middle Initial)

Mailing Address 5488 Cricket Ln.

City State Zip Code
Tooele UT 84074-8141

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

Name of Employer Occupation
Tooele Foot Clinic Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573982

Amount of Each Receipt this Period
100.00

C. Dr. Mark Haas
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Tramway Ln. N.E.

City State Zip Code
Albuquerque NM 87122-1317

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

Name of Employer Occupation
Albuquerque Associated Podiatrists 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
12 / 18 / 2012

Transaction ID : 20573985

Amount of Each Receipt this Period
500.00

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 22 OF 31
	<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. Scott M. Soulier
Full Name (Last, First, Middle Initial)

Mailing Address 10281 S. 1000 W.

City	State	Zip Code
South Jordan	UT	84095-8826

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : 20573989

Amount of Each Receipt this Period

300.00

B. Dr. Sandra R. Sheehan
Full Name (Last, First, Middle Initial)

Mailing Address 2564 Dobbin Holmes Rd.

City	State	Zip Code
Eastover	NC	28312-8124

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

Name of Employer	Occupation
Cape Fear 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
12	/	18	/	2012

Transaction ID : 20573999

Amount of Each Receipt this Period

300.00

C. Dr. Jeffrey Frederick
Full Name (Last, First, Middle Initial)

Mailing Address 30005 Forest Dr.

City	State	Zip Code
Franklin	MI	48025-1580

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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

Transaction ID : 20574165

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 31
	<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. Steven E. Black
Full Name (Last, First, Middle Initial)

Mailing Address 22855 Sparrowdell Dr.

City Calabasas State CA Zip Code 91302-1820

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

Name of Employer Self Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 19 / 2012
Transaction ID : 20574166

Amount of Each Receipt this Period
500.00

B. Dr. Francis John Rottier
Full Name (Last, First, Middle Initial)

Mailing Address 1529 W. Montana St. #1

City Chicago State IL Zip Code 60614-2007

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 19 / 2012
Transaction ID : 20574167

Amount of Each Receipt this Period
125.00

c. Dr. Jonathan Bryan Purdy
Full Name (Last, First, Middle Initial)

Mailing Address 1619 Shelby

City New Iberia State LA Zip Code 70560-8238

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

Name of Employer Occupation
Foot Specialists of Acadiana Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 19 / 2012
Transaction ID : 20574181

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00

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 31
	<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. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City State Zip Code
 Cherry Hill NJ 08003-1938
 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 20600991
 Amount of Each Receipt this Period
 100.00

B. Dr. Aniello Scotti Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Three Pond Rd.
 City State Zip Code
 Smithtown NY 11787-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2012
Transaction ID : 20607976
 Amount of Each Receipt this Period
 25.00

C. Dr. Liana G. Seldin
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Meridian Ave. #10
 City State Zip Code
 Miami Beach FL 33139-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2012
Transaction ID : 20607977
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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. Georgina A. Asante
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 10th Ave. #305
 City Columbus State GA Zip Code 31901-1400
 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 ▼ 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : 20607999
 Amount of Each Receipt this Period
 45.00

B. Dr. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : 20608000
 Amount of Each Receipt this Period
 25.00

C. Dr. William R. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Rock Rd.
 City Kentfield State CA Zip Code 94904-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : 20608015
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
	<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. Jared T. Clifford
Full Name (Last, First, Middle Initial)

Mailing Address 1019 6th St.

City Prosser State WA Zip Code 99350-1406

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

Name of Employer Mt. Adams Surgical Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 27 / 2012
Transaction ID : 20608681

Amount of Each Receipt this Period 200.00

B. Dr. Kirk Eliel Woelffer
Full Name (Last, First, Middle Initial)

Mailing Address Raleigh Foot Center P.O. Box 98209

City Raleigh State NC Zip Code 27624-8209

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

Name of Employer Raleigh Foot Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2012
Transaction ID : 20609022

Amount of Each Receipt this Period 50.00

C. Dr. Edward F. Cosentino
Full Name (Last, First, Middle Initial)

Mailing Address 3087 Olde Winter Trl.

City Poland State OH Zip Code 44514-2871

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 12 / 21 / 2012
Transaction ID : 20617946

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00

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 31
	<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. Kenneth L. Hilliard
 Full Name (Last, First, Middle Initial)
 Mailing Address 14023 110th Ave. E.
 City Puyallup State WA Zip Code 98374-3320
 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
 12 / 24 / 2012
Transaction ID : 20617950
 Amount of Each Receipt this Period
 300.00

B. Dr. William N. Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 496 Hampton Cir.
 City Shakopee State MN Zip Code 55379-8979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Foot & Ankle Specialists
 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
 12 / 24 / 2012
Transaction ID : 20617951
 Amount of Each Receipt this Period
 250.00

C. Dr. Steven E. Damon
 Full Name (Last, First, Middle Initial)
 Mailing Address 399 N. Main St.
 City Suffield State CT Zip Code 06078-1839
 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 ▼ 1053.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : 20617957
 Amount of Each Receipt this Period
 903.00

SUBTOTAL of Receipts This Page (optional).....▶	1453.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 31
	<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. Gregory L. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Paseo Del Ocaso

City La Jolla State CA Zip Code 92037-3232

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
12 / 28 / 2012
Transaction ID : 20617961

Amount of Each Receipt this Period
300.00

B. Dr. Rudolf W. Cisco
Full Name (Last, First, Middle Initial)

Mailing Address 3739 Timber Walk Dr.

City Gainesville State GA Zip Code 30506-3666

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
12 / 31 / 2012
Transaction ID : 20621377

Amount of Each Receipt this Period
300.00

C. Dr. David R. Sterling
Full Name (Last, First, Middle Initial)

Mailing Address 6559 Avila Valley Dr.

City San Luis Obispo State CA Zip Code 93405-8092

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
12 / 31 / 2012
Transaction ID : 20621380

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 29 OF 31
	(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. Sean Paul Schwarzentraub
 Full Name (Last, First, Middle Initial)
 Mailing Address 10602 Salem Ave.
 City Lubbock State TX Zip Code 79424-7407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schwarzentraub Foot Clinic 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
 12 / 31 / 2012
Transaction ID : 20622004
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael J. Marcus
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Goldenrod Ave.
 City Corona Del Mar State CA Zip Code 92625-2913
 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
 12 / 31 / 2012
Transaction ID : 20623671
 Amount of Each Receipt this Period
 500.00

C. Dr. Gary N. Friedlander
 Full Name (Last, First, Middle Initial)
 Mailing Address 5352 E. Estevan Rd.
 City Phoenix State AZ Zip Code 85054-7211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AZ Pod. Medicine Program At Midwestern 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
 12 / 31 / 2012
Transaction ID : 20623672
 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 30 OF 31
	<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. John J. Clarke
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Hayes Ave.

City Fremont State OH Zip Code 43420-2755

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 **12 / 31 / 2012**

Transaction ID : 20623673

Amount of Each Receipt this Period **300.00**

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 **12 / 31 / 2012**

Transaction ID : 20626176

Amount of Each Receipt this Period **500.00**

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

Mailing Address 25955 Wellington Ct.

City Calabasas State CA Zip Code 91302-3124

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 **12 / 31 / 2012**

Transaction ID : 20665834

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: PAGE 31 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Terrence Klamet

Mailing Address 1849 Shiloh Valley Dr.

City Chesterfield State MO Zip Code 63005-8420

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
12 / 31 / 2012

Transaction ID : 20666038

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	17320.00