



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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.....	646303.65	
(c) Total Receipts (from Line 19) .....	43063.00	280011.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	689366.65	774366.65
7. Total Disbursements (from Line 31).....	49100.00	134100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	640266.65	640266.65
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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23978.00	194568.00
(ii) Unitemized .....	19085.00	85443.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43063.00	280011.50
(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) .....	43063.00	280011.50
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))..... ▶	43063.00	280011.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43063.00	280011.50

**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.....	49100.00	134100.00
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)) ..	49100.00	134100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49100.00	134100.00

**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) .....	43063.00	280011.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43063.00	280011.50
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 7 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr. Terence Scott Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 Lakeshore Dr  
City State Zip Code  
Utica SD 57067-5910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-Employed Podiatric Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2014  
**Transaction ID : A4E41C3C830634461B36**  
Amount of Each Receipt this Period  
250.00

**B. Dr. Collin E. Pehde**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4020 70th St  
City State Zip Code  
Urbandale IA 50322-2616  
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  
05 / 05 / 2014  
**Transaction ID : A38581BF497B243E28D7**  
Amount of Each Receipt this Period  
300.00

**C. Dr. Mark B. Saffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3165 Gilbert Ridge Dr  
City State Zip Code  
West Bloomfield MI 48322-1836  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Midwest Health Center Podiatric Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2014  
**Transaction ID : AED048A7BA65B4A8383C**  
Amount of Each Receipt this Period  
300.00

<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 8 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Kash K. Siepert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Hillcrest Dr  
 City Roseburg State OR Zip Code 97471-9228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : AC16F2908A3614D5D949**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Cordell Becker Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 Valley Rd  
 City Roseburg State OR Zip Code 97471-8928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : A314D6993293A48209EE**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. William H. Dabdoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Ayshire Ct  
 City Slidell State LA Zip Code 70461-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014  
**Transaction ID : A78BA4CD236E74F86A00**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 9 OF 37
	(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. Mark Haas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Tramway Ln NE

City Albuquerque State NM Zip Code 87122-1317

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

Name of Employer Albuquerque Associated Podiatrists 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  
 05 / 07 / 2014

**Transaction ID : A0870164CFDFD4898B87**

Amount of Each Receipt this Period  
 300.00

**B. Dr. Stephen John Merena**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Vista Ct

City Jericho State VT Zip Code 05465-2527

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

Name of Employer Champlain Valley Foot & Ankle Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : A1DD042A6B54A4DC8AC5**

Amount of Each Receipt this Period  
 300.00

**C. Dr. Bryan James Prukop**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lindberg Ave

City McAllen State TX Zip Code 78501-2930

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

Name of Employer Complete Family Foot Care Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : A08E29C493D1E4B63994**

Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Richard K. Rettig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1335 W Tabor Rd  
 Ste 206  
 City Philadelphia State PA Zip Code 19141-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : A5FEAE74BB41C47AAAC**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date ▼  
 300.00

**B. Dr. Karen F. Sanicola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19511 Spring Valley Dr  
 City Hagerstown State MD Zip Code 21742-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : A70340965F460405AB09**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date ▼  
 300.00

**C. Dr. Craig S. Schein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4573 Bayley Hazen Rd.  
 City Peacham State VT Zip Code 05862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : AD81287BD3F1143C3BE3**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date ▼  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<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. Matthew L. Burrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Cross Country Ln  
 City Plymouth State NH Zip Code 03264-1138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Podiatry, PA 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  
 05 / 08 / 2014  
**Transaction ID : A77A4ADE1C9454077889**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Matthew Gerard Enzweiler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1271 Cayton Rd  
 City Florence State KY Zip Code 41042-9396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2014  
**Transaction ID : AD1E5AF5BC0DA41699E7**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Kim David Flora**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1939 Irving Cir  
 City Tulare State CA Zip Code 93274-1368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2014  
**Transaction ID : AA22688FFE4154426912**  
 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 12 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Joseph M. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Ocean View Dr  
 City Signal Hill State CA Zip Code 90755-3778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 08 / 2014**  
**Transaction ID : A3DA0BC6FEC9C4268A4A**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. Scott N. Maling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 S Dobson Rd Dese PC1520  
 City Mesa State AZ Zip Code 85202-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Desert Foot & Ankle 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  
**05 / 08 / 2014**  
**Transaction ID : AD60D4D6773064F3A941**  
 Amount of Each Receipt this Period  
**300.00**

**C. Dr. Alan K. Mauser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 S Sherrin Ave  
 City Louisville State KY Zip Code 40207-3817  
 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  
**05 / 08 / 2014**  
**Transaction ID : A791A501AAB2B410195A**  
 Amount of Each Receipt this Period  
**300.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<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 Mark Bruyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5770 Calder Ave  
 City State Zip Code  
 Beaumont TX 77706-6306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Beaumont Foot Specialists 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  
 05 / 09 / 2014  
**Transaction ID : A7C0B2683D0E7438C933**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Lisa G. Reinicke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1041 Summerhill Dr  
 City State Zip Code  
 Janesville WI 53546-3728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Beloit Clinic 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  
 05 / 09 / 2014  
**Transaction ID : A6D5FEC9FAF91429BA1D**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Zeeshan S. Husain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3834 Mesa Dr  
 City State Zip Code  
 Troy MI 48083-6509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rochester Ctr for Foot&Ankle Surgery 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  
 05 / 10 / 2014  
**Transaction ID : AB8F0EB390CA74021991**  
 Amount of Each Receipt this Period  
 350.00

<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 15 OF 37
	<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. William C. Arrington II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 359 Ridgemont Dr  
 City Forney State TX Zip Code 75126-5310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Galloway Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2014**  
**Transaction ID : AC79BD95E943E44D5A14**  
 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  
 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 **500.00**

Date of Receipt **05 / 12 / 2014**  
**Transaction ID : A9A904500ABC74F2B92E**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Nicholas C. Crismali**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6685 Svl Box  
 City Victorville State CA Zip Code 92395-5191  
 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 **05 / 12 / 2014**  
**Transaction ID : A15380B30C63E443184A**  
 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 16 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Paul R. Glaser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8816 Shipwatch Dr  
 City Wilmington State NC Zip Code 28412-3542  
 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  
 05 / 12 / 2014  
**Transaction ID : A3257A95EB9E44E50BA0**  
 Amount of Each Receipt this Period  
**300.00**

**B. Dr. George Michael Johnson Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5881 Bayou Rd  
 City Mobile State AL Zip Code 36605-9414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Center Podiatry, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014  
**Transaction ID : A66328518055A48CA86F**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Mark J. Tuccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 844 Fairmount Ave  
 City Jamestown State NY Zip Code 14701-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatry Associates of Warren 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  
 05 / 12 / 2014  
**Transaction ID : A5548E049D64241508CC**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<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. Kris A. Haase**  
Full Name (Last, First, Middle Initial)

Mailing Address 7968 W Oakland Manor Dr

City Waterford State MI Zip Code 48327-1473

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  
05 / 13 / 2014  
**Transaction ID : A25361482F11A4F12A9E**

Amount of Each Receipt this Period  
300.00

**B. Dr. Kenneth J. Krueger**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 Selkirk Ln

City Indianapolis State IN Zip Code 46260-1230

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  
05 / 13 / 2014  
**Transaction ID : A5D06A81B865741128B2**

Amount of Each Receipt this Period  
300.00

**C. Dr. William S. Lynde**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 S Lincoln Ave

City Newtown State PA Zip Code 18940-2115

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

Name of Employer Newtown Podiatry Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
05 / 13 / 2014  
**Transaction ID : A8F866C14802E4015897**

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 19 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Atalay M. Sahin</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2014 <b>Transaction ID : AF2D0AF606A3E4E26994</b>
Mailing Address 29 Church St Apt 14		Amount of Each Receipt this Period 1000.00
City East Providence	State RI	Zip Code 02914-3950
FEC ID number of contributing federal political committee. C	Name of Employer Prima CARE, P.C.	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) <b>B. Dr. Zahid A. Ladha</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 <b>Transaction ID : A5CB0FBAB43C24A288DF</b>
Mailing Address 3544 Marquis Ct		Amount of Each Receipt this Period 250.00
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: <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>C. Dr. Mark Andrew Lambert</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : A7E3FFA33D2F1450E81B</b>
Mailing Address 2210 Fleance Dr		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 37
	<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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2014  
**Transaction ID : A92CCFC26899349C8A64**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Gary S. Sapphire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 248 Avenue P  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2014  
**Transaction ID : AFE7AB7E8DFFF4F168BA**  
 Amount of Each Receipt this Period  
 85.00

**C. Dr. Donald James Carlson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 NW 6th St  
 City Pendleton State OR Zip Code 97801-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heritage 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  
 05 / 19 / 2014  
**Transaction ID : A59C3407A82234440971**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**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 37
	<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. John A. DelMonte**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 Poppy Hill Dr

City Healdsburg State CA Zip Code 95448-3006

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  
05 / 19 / 2014  
Transaction ID : **A8FE3E3AEB96840A0A25**

Amount of Each Receipt this Period  
300.00

**B. Dr. Robert M. Gerber**  
Full Name (Last, First, Middle Initial)

Mailing Address 661 Euclid Ave

City Highland Park State IL Zip Code 60035-1235

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  
05 / 19 / 2014  
Transaction ID : **AFAD58A1B99344B09999**

Amount of Each Receipt this Period  
300.00

**C. Dr. Tyson E. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 4213 Maid Stone Dr

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
05 / 19 / 2014  
Transaction ID : **A8C8F371649A9462EBE0**

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 22 OF 37
	<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"/>	<input type="checkbox"/> 17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2014  
**Transaction ID : A85D615FC9AD94B4686B**  
 Amount of Each Receipt this Period  
 833.00

**B. Dr. Chris C. Panagoulis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Bates Dr  
 City Nashua State NH Zip Code 03064-1701  
 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  
 05 / 19 / 2014  
**Transaction ID : AAA832D8EA4264693B3A**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Alan J. Reinicke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1826 Eastwood Ave  
 City Janesville State WI Zip Code 53545-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercury Podiatry, Inc. 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  
 05 / 19 / 2014  
**Transaction ID : AA6D6473D31254F04959**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1633.00
<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 23 OF 37
	<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. Maxime G.J. Savard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2521 Metairie Lawn Dr # 209  
 City Metairie State LA Zip Code 70002-6170  
 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  
 05 / 19 / 2014  
**Transaction ID : A1A881AA1B2214CD18AC**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Richard A. Armstrong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 342A Gifford St  
 City Falmouth State MA Zip Code 02540-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Falmouth 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  
 05 / 20 / 2014  
**Transaction ID : A2AE1231DFB0E4F92A20**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Bruce M. Jacob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4319 Foxpointe Dr  
 City West Bloomfield State MI Zip Code 48323-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2014  
**Transaction ID : AF2CF3596CF4E4CEA9A3**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 24 OF 37
	<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. Timothy I. McCord**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 Rucker Ave

City Everett State WA Zip Code 98201-4281

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

Name of Employer Occupation  
Everett Foot Clinic Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 20 / 2014  
**Transaction ID : A49484E94844D4DD7996**

Amount of Each Receipt this Period  
300.00

**B. Dr. Robert M. Sage**  
Full Name (Last, First, Middle Initial)

Mailing Address 2288 Cobblestone Ln

City Beloit State WI Zip Code 53511-6716

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

Name of Employer Occupation  
Beloit Clinic Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 20 / 2014  
**Transaction ID : A14D2A15522234B5DA40**

Amount of Each Receipt this Period  
300.00

**C. Dr. Robert E. Marra**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Crystal Springs Dr

City Tolland State CT Zip Code 06084-2029

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 ▼  
375.00

Date of Receipt  
05 / 21 / 2014  
**Transaction ID : A3E4D2CACAF6143D7AD4**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

**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 37
<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. Eric Arp**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Pine View Ct

City Mountain Home	State AR	Zip Code 72653-8831
-----------------------	-------------	------------------------

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

Name of Employer ARP Foot & Ankle Clinic, P.A.	Occupation Podiatric Physician
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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
05	/	22	/	2014

**Transaction ID : A8C51FD71A49E4BC2B86**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. James S. Chrzan**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Triphammer Rd

City Hingham	State MA	Zip Code 02043-2984
-----------------	-------------	------------------------

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
05	/	22	/	2014

**Transaction ID : A847BB3E9310A42E5ACB**

Amount of Each Receipt this Period  

300.00
--------

**C. Dr. William J. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 7206 Gold Grove Pl

City Darien	State IL	Zip Code 60561-3562
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : AAB892343DEB74955836**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jason W. Rockwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Autumn Light Pl  
 City Santa Fe State NM Zip Code 87508-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : ACD9D89F1A6E64647A76**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Andrew J. Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4326 Sarong Dr  
 City Houston State TX Zip Code 77096-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : AE614E6948D4246ADAE7**  
 Amount of Each Receipt this Period  
 85.00

**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  
 05 / 23 / 2014  
**Transaction ID : ABEF3939F82E74F9CBAA**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<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 27 OF 37
	<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. Roberta Giudice-Teller</b>			Date of Receipt
Mailing Address 2244 NW 9th Pl			<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A4880619A48C644139E2</b>
Gainesville	FL	32605-5202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. David C. Schleichert</b>			Date of Receipt
Mailing Address 31524 Lowry Cir			<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A38C3F3FA63D647DCA7B</b>
Cushing	MN	56443-2087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
Lakewood Health Systems	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Johnnie L. Alston</b>			Date of Receipt
Mailing Address 3452 Dalraida Pkwy			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A508ECA44AB5A4EBEB38</b>
Montgomery	AL	36109-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

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

FOR LINE NUMBER: PAGE 29 OF 37  
(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. Lilly Shimahara**

Mailing Address 8958 Riverside Dr

City Parker State AZ Zip Code 85344-8088

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  
05 / 30 / 2014  
**Transaction ID : A4F6808030656422F813**

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	23978.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Volunteers For Shimkus**

Mailing Address PO Box 661

City State Zip Code  
Collinsville IL 62234

Purpose of Disbursement

Candidate Name  
**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President  
State: IL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014

Transaction ID : **B709FFF1FBA854C1B8FF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City State Zip Code  
Flint MI 48501

Purpose of Disbursement

Candidate Name  
**Rep. Dan T. Kildee**

Office Sought:  House  
 Senate  
 President  
State: MI District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2014

Transaction ID : **B606919F33B444507B11**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement

Candidate Name  
**Rep. Adam B. Schiff**

Office Sought:  House  
 Senate  
 President  
State: CA District: 28

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : **BE38CAC69704146B1BB6**

Amount of Each Disbursement this Period

3000.00

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

6500.00

**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. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

Candidate Name

**Rep. Adam B. Schiff**

Office Sought:  House  
 Senate  
 President  
State: CA District: 28

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : B9F2FA9EE94B849DDB88

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Shaheen For Senate Committee**

Mailing Address 2 1/2 Beacon Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:  House  
 Senate  
 President  
State: NH District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : B1890399F6DD64BDA992

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Yarmuth For Congress**

Mailing Address 1819 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement

Candidate Name

**Rep. John A. Yarmuth**

Office Sought:  House  
 Senate  
 President  
State: KY District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : BD7C305E0C41F4E218A9

Amount of Each Disbursement this Period

4000.00

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

9000.00

**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. BONAMICI FOR CONGRESS**

Mailing Address 3321 SE 20TH AVE

City PORTLAND State OR Zip Code 97202

Purpose of Disbursement

Candidate Name

**Rep. Suzanne Bonamici**

Office Sought:  House  Senate  President

State: OR District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : **B4B4F4170422C4D72888**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

**Rep. Charlie W. Dent**

Office Sought:  House  Senate  President

State: PA District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : **B7AC315BC6F3246CDB7C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Henry Hank Johnson**

Mailing Address 6440 Old Hillendale Drive  
Suite 262

City Lithonia State GA Zip Code 30058

Purpose of Disbursement

Candidate Name

**Rep. Hank C. Johnson Jr.**

Office Sought:  House  Senate  President

State: GA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : **B947D7861B46C4BD0AD3**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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. CRAWFORD FOR CONGRESS**

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement

Candidate Name  
**Rep. Rick Crawford**

Office Sought:  House  
 Senate  
 President  
State: AR District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : BE530F13AF26A47C4A70

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. David Scott For Congress**

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Candidate Name  
**Rep. David A. Scott**

Office Sought:  House  
 Senate  
 President  
State: GA District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : BBD1FA11826294B1BAFE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Defazio For Congress**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement

Candidate Name  
**Rep. Peter A. DeFazio**

Office Sought:  House  
 Senate  
 President  
State: OR District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : BC2D7ED693C544056915

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doyle For Congress Committee**

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement

Candidate Name

**Rep. Mike F. Doyle Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

**Transaction ID : B9CE77AB34D234BC1A68**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

**Rep. Joe R. Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

**Transaction ID : B1342EE1B476249C794F**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Hal Rogers For Congress**

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement

Candidate Name

**Rep. Hal Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

**Transaction ID : B229A37693B224F1793E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jeff Merkley for Oregon**

Mailing Address PO Box 29136

City State Zip Code  
Portland OR 97296

Purpose of Disbursement

Candidate Name  
**Sen. Jeff A. Merkley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : **B2AED24E615054190B0A**

Amount of Each Disbursement this Period

4	1	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. John Lewis For Congress**

Mailing Address P.O. Box 2323

City State Zip Code  
Atlanta GA 30301

Purpose of Disbursement

Candidate Name  
**Rep. John R. Lewis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : **BCC56FA1901E54979A7E**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City State Zip Code  
Little Rock AR 72203

Purpose of Disbursement

Candidate Name  
**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : **B3593F862E06F470E867**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	1	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	0	1	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

**Rep. Tom Price**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9					2014

**Transaction ID : B78106BA6D21B4A89B45**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

**Rep. Greg P. Walden**

Office Sought:  House  
 Senate  
 President  
State: OR District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9					2014

**Transaction ID : BE04471E20C0B4A62912**

Amount of Each Disbursement this Period

										500.00
--	--	--	--	--	--	--	--	--	--	--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

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

										1500.00
--	--	--	--	--	--	--	--	--	--	---------

										49100.00
--	--	--	--	--	--	--	--	--	--	----------