

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value=""/> | <input type="text" value="494355.15"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="292967.85"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="17068.00"/> | <input type="text" value="405180.70"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="310035.85"/> | <input type="text" value="899535.85"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="0.00"/> | <input type="text" value="589500.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="310035.85"/> | <input type="text" value="310035.85"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 7778.00 | 251838.00 |
| (ii) Unitemized | 9290.00 | 145842.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 17068.00 | 397680.70 |
| (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) | 17068.00 | 397680.70 |
| 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 | 7500.00 |
| 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))..... ▶ | 17068.00 | 405180.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 17068.00 | 405180.70 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 589500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 589500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 589500.00 |

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) | 17068.00 | 397680.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 17068.00 | 397680.70 |
| 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 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Dr. Johnnie L. Alston
Full Name (Last, First, Middle Initial)

Mailing Address Institute for Advanced Wound Care
2167 Normandie Dr.

City Montgomery State AL Zip Code 36111-2728

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 ▼ 1125.00

Date of Receipt
11 / 25 / 2014
Transaction ID : A7BD2286B9B674E19954

Amount of Each Receipt this Period
250.00

B. Dr. Brandon Ray Gumbiner
Full Name (Last, First, Middle Initial)

Mailing Address Comprehensive Foot & Ankle Center
1239 E. 4th Street Rd.

City Seymour State IN Zip Code 47274

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
11 / 25 / 2014
Transaction ID : A1033FB2C403F44ADB4D

Amount of Each Receipt this Period
100.00

C. Dr. Karl Joseph Mangold
Full Name (Last, First, Middle Initial)

Mailing Address 2825 Fort Missoula Rd. #106

City Missoula State MT Zip Code 59804-7403

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
11 / 25 / 2014
Transaction ID : A5A8AB76A3DE0412BAB4

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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 22 |
| | <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. Shawn M. Sanicola

Full Name (Last, First, Middle Initial)
Mailing Address 614 Crestwood Dr.

| | | |
|------------------|-------------|------------------------|
| City Waukesha | State WI | Zip Code 53188-4517 |
|------------------|-------------|------------------------|

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 |
| 11 | / | 25 | / | 2014 |

Transaction ID : A308908CB5BED40C9BFF

Amount of Each Receipt this Period
300.00

B. Dr. Benjamin W. Weaver

Full Name (Last, First, Middle Initial)
Mailing Address Central KS Podiatry Associates
2081 N. Webb Rd.

| | | |
|-----------------|-------------|------------------------|
| City Wichita | State KS | Zip Code 67206-3411 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer Central KS Podiatry Associates | Occupation Podiatric Physician |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : AA5FCD428A42C4F9471

Amount of Each Receipt this Period
25.00

C. Dr. Martin J. Faasse

Full Name (Last, First, Middle Initial)
Mailing Address Fairlanes Medical Center
3550 Fairlanes Ave. S.W., P.O. Box

| | | |
|--------------------|-------------|-------------------|
| City Grandville | State MI | Zip Code 49468 |
|--------------------|-------------|-------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer Fairlanes Medical Center | Occupation Podiatric Physician |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 26 | / | 2014 |

Transaction ID : A8E8031F90E724285B5B

Amount of Each Receipt this Period
400.00

| | |
|--|--------|
| 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 8 OF 22 |
| | <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. Terri R. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address Little Rock Foot Clinic
 424 N. University Ave. #9
 City Little Rock State AR Zip Code 72205-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Little Rock Foot 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
 11 / 28 / 2014
Transaction ID : A505827C535D54938AC9
 Amount of Each Receipt this Period
250.00

B. Dr. John E. Castle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1227 N.E. 7th St.
 City Grants Pass State OR Zip Code 97526-1430
 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 / 03 / 2014
Transaction ID : A8B8311D24C794D66B9E
 Amount of Each Receipt this Period
350.00

C. Dr. John L. Bostanche
 Full Name (Last, First, Middle Initial)
 Mailing Address 6123 Green Bay Rd. #100
 City Kenosha State WI Zip Code 53142-2939
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : AEA1CF4D9B285480A816
 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 9 OF 22 |
| | <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. Patricia Eileen Cain
 Full Name (Last, First, Middle Initial)
 Mailing Address Oregon City Foot Clinic
 1510 Divison St. #80
 City Oregon City State OR Zip Code 97045-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon City Foot Clinic 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
 12 / 05 / 2014
Transaction ID : A058C076EBA8B4D0AB7A
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael Andrew DeKorte
 Full Name (Last, First, Middle Initial)
 Mailing Address Medford Foot & Ankle Clinic
 713 Golf View Dr.
 City Medford State OR Zip Code 97504-9643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medford Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : AC571A951F5CE4C69802
 Amount of Each Receipt this Period
 150.00

C. Dr. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address Tooele Foot & Ankle Clinic
 2356 N. 400 E. #104
 City Tooele State UT Zip Code 84074-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tooele Foot 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 / 05 / 2014
Transaction ID : A6B94178CD7B24E1F82F
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| 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: PAGE 11 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Elliot N. Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address Hillsboro Foot Clinic
 862 S.E. Oak St. #1A
 City Hillsboro State OR Zip Code 97123-4240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hillsboro Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : AB729BB98D2A7417D82D
 Amount of Each Receipt this Period
 150.00

B. Dr. Amol Saxena
 Full Name (Last, First, Middle Initial)
 Mailing Address 3814 Magnolia Dr.
 City Palo Alto State CA Zip Code 94306-3231
 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
 12 / 05 / 2014
Transaction ID : A2F610501CC914432B38
 Amount of Each Receipt this Period
 250.00

C. Dr. Robert W. Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Pleasure House Rd. #101-102
 City Virginia Beach State VA Zip Code 23455-4053
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A7CCE8CBD29AD48ACA1F
 Amount of Each Receipt this Period
 100.00

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 12 OF 22 |
| | <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 R. Wilhelm
 Full Name (Last, First, Middle Initial)
 Mailing Address 13902 Clear Spring Ln.
 City Clifton State VA Zip Code 20124-2432
 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 / 05 / 2014
Transaction ID : A7255086194074B4E9EC
 Amount of Each Receipt this Period
 100.00

B. Dr. Blake Odell Zobell
 Full Name (Last, First, Middle Initial)
 Mailing Address 879 N. Main St.
 City Richfield State UT Zip Code 84701-1840
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A8BF120CF6A7E41C5989
 Amount of Each Receipt this Period
 100.00

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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2014
Transaction ID : A0B33E0985FF140698AC
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 22 |
| | <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. Matthew G. Ollerton
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 S. 1800 E.
 City Springville State UT Zip Code 84663-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 11 / 2014**
Transaction ID : A6AC82F5B497D48BDAE9
 Amount of Each Receipt this Period **250.00**

B. Dr. Thuy-Trang Lam
 Full Name (Last, First, Middle Initial)
 Mailing Address Clackamas Foot & Ankle Clinic 8800 S.E. Sunnyside Rd. #105N
 City Clackamas State OR Zip Code 97015-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clackamas Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 12 / 2014**
Transaction ID : AC4B28914AE50411D836
 Amount of Each Receipt this Period **150.00**

C. Dr. David F. Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address Center for Foot & Ankle Care 966 W. US Hwy. 30
 City Schererville State IN Zip Code 46375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Foot & Ankle Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 12 / 2014**
Transaction ID : A4EF9DB43D3394FB7A19
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **275.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 22 |
| | <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. Kirk Eliel Woelffer
Full Name (Last, First, Middle Initial)

Mailing Address **Raleigh Foot & Ankle 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 ▼ **500.00**

Date of Receipt
12 / 14 / 2014

Transaction ID : AF349998A711E4AB5A40

Amount of Each Receipt this Period
50.00

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

Mailing Address **Cape Fear Podiatry Associates**
1738 Metromedical Dr.

City **Fayetteville** State **NC** Zip Code **28304**

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

Name of Employer **Cape Fear Podiatry Associates** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 16 / 2014

Transaction ID : A786DF7CF847E47DFAF4

Amount of Each Receipt this Period
300.00

C. 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 ▼ **450.00**

Date of Receipt
12 / 17 / 2014

Transaction ID : AF898385B8638461A949

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**

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 15 OF 22 |
| | (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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dr. Robert Frimmel | | Date of Receipt |
| Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106 | | <input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/> |
| City Sarasota | State FL | Zip Code 34239 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A6A3977DBA92A4602A79 |
| Name of Employer Sarasota Footcare Center | | Amount of Each Receipt this Period |
| Occupation Podiatric Physician | | <input type="text" value="2500"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="300.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Jimmy W. Downing | | Date of Receipt |
| Mailing Address 600 Peter Jefferson Pkwy. #360 | | <input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City Charlottesville | State VA | Zip Code 22911-8837 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A0B56E24CE98145FD8AD |
| Name of Employer Self-Employed | | Amount of Each Receipt this Period |
| Occupation Podiatric Physician | | <input type="text" value="150.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="450.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. H. F. Brown III | | Date of Receipt |
| Mailing Address 2001 Georgia Ave. | | <input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City Little Rock | State AR | Zip Code 72207-5014 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : AE2CADCC04C6642C2AE3 |
| Name of Employer Self-Employed | | Amount of Each Receipt this Period |
| Occupation Podiatric Physician | | <input type="text" value="50.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="500.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="225.00"/> |
| TOTAL 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: (check only one) | PAGE 16 OF 22 |
| | <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. Vito N. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 4660 Wilkens Ave.
 City Baltimore State MD Zip Code 21229-4848
 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 / 22 / 2014
Transaction ID : ACC187D3A5AC1434D85C
 Amount of Each Receipt this Period
 300.00

B. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maidstone 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 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : AAC2C6A90D2BA496DA79
 Amount of Each Receipt this Period
 100.00

C. Dr. Renee L. Mackey
 Full Name (Last, First, Middle Initial)
 Mailing Address Northeast Ohio Medical Associates
 2640 W. Market St. #301
 City Fairlawn State OH Zip Code 44333
 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 / 22 / 2014
Transaction ID : A6C191A234B7843B1A55
 Amount of Each Receipt this Period
 25.00

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 17 OF 22 |
| | <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. Ingrid M. Stines
Full Name (Last, First, Middle Initial)

Mailing Address 3955 Patient Care Way

City Lansing State MI Zip Code 48911-4299

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 ▼ 460.00

Date of Receipt
12 / 22 / 2014
Transaction ID : A725DEF95A61E4734B0A

Amount of Each Receipt this Period
460.00

B. Dr. John Rembert Carradine
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Houma Blvd. #260

City Metairie State LA Zip Code 70006-4184

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 / 23 / 2014
Transaction ID : A2D3092B8A03F463B89B

Amount of Each Receipt this Period
300.00

C. Dr. Rick Siegel
Full Name (Last, First, Middle Initial)

Mailing Address 7116 Highland Rd.

City Waterford State MI Zip Code 48327-1503

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 / 23 / 2014
Transaction ID : A03A1F3D529FC427FB5E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 846.00

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 22 |
| | <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. Gregory W. Bryan | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2014 |
| Mailing Address Ark LA Tex Foot Specialists, LLC 385 Bert Kouns #200 | | Transaction ID : ABE1D338466744C968C7 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |
| | | Amount of Each Receipt this Period 100.00 |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Luis B. Eiber | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2014 |
| Mailing Address 2900 W. Lake Vista Cir. | | Transaction ID : AE034B9E280CC4EA181B |
| City Davie | State FL | Zip Code 33328-1138 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HI Foot Clinic | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |
| | | Amount of Each Receipt this Period 25.00 |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Adam Christopher Gough | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2014 |
| Mailing Address Silver Internal Medicine 1600 E. 32nd St. | | Transaction ID : AD2539E9413354E3B9FF |
| City Silver City | State NM | Zip Code 88061-7287 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Silver Internal Medicine | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 204.00 | |
| | | Amount of Each Receipt this Period 17.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 142.00 |
| 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 22 |
| | <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. Philip Wayne Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 E. Court St.
 City Paris State IL Zip Code 61944-2460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 29 / 2014**
Transaction ID : A34107551DC9B4965B8B
 Amount of Each Receipt this Period **50.00**

B. Dr. Jason W. Rockwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Associates, Inc. 2019 Galisteo St. #K
 City Santa Fe State NM Zip Code 87505-2159
 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 **600.00**

Date of Receipt **12 / 29 / 2014**
Transaction ID : AC43D55562A014E79BA0
 Amount of Each Receipt this Period **50.00**

C. Dr. Holly A. Spohn-Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 6425 Lynch Canyon Dr.
 City Lake Isabella State CA Zip Code 93240-9726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **12 / 29 / 2014**
Transaction ID : ABF4714028B334456BB9
 Amount of Each Receipt this Period **50.00**

| | |
|---|---------------|
| 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 20 OF 22 |
| | <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. Benjamin W. Weaver

Full Name (Last, First, Middle Initial)
Mailing Address Central KS Podiatry Associates
2081 N. Webb Rd.

City State Zip Code
Wichita KS 67206-3411

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

Name of Employer Occupation
Central KS Podiatry Associates Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2014

Transaction ID : A53AE6603FC7D4D53803

Amount of Each Receipt this Period
25.00

B. Dr. Eveleigh E. Williams

Full Name (Last, First, Middle Initial)
Mailing Address Foot & Ankle Pain Center
3330 W. 177th St. #2D

City State Zip Code
Hazel Crest IL 60429

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

Name of Employer Occupation
Foot & Ankle Pain Center Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2014

Transaction ID : A1E6FBE87CC944386A33

Amount of Each Receipt this Period
25.00

C. Dr. Matthew Allen Polk

Full Name (Last, First, Middle Initial)
Mailing Address 1 Healthy Way

City State Zip Code
Berkeley Springs WV 25411-7463

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2014

Transaction ID : A259B80B239284EEFBCF

Amount of Each Receipt this Period
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 22 OF 22 |
| <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. Full Name (Last, First, Middle Initial)
Dr. Bruce P. Theall

Mailing Address 310 Central Ave. #301

| | | |
|---------------------|-------------|------------------------|
| City East Orange | State NJ | Zip Code 07018-2838 |
|---------------------|-------------|------------------------|

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 |
| 12 | / | 31 | / | 2014 |

Transaction ID : AC89D276BAA584216A06

Amount of Each Receipt this Period
250.00

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 |
|-----|---|-----|---|---------|

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 |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | 7778.00 |