

**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="2013"/>		240465.66
(b) Cash on Hand at Beginning of Reporting Period.....	501825.15	
(c) Total Receipts (from Line 19)	7079.50	385468.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	508904.65	625934.65
7. Total Disbursements (from Line 31).....	21000.00	137930.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	487904.65	488004.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / 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).....	3720.00	254428.00
(ii) Unitemized	3359.50	125040.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7079.50	379468.99
(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)	7079.50	379468.99
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	6000.00
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))..... ▶	7079.50	385468.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7079.50	385468.99

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.....	21000.00	137000.00
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	930.00
(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	930.00
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)) ..	21000.00	137930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	137930.00

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)	7079.50	379468.99
34. Total Contribution Refunds (from Line 28(d))	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7079.50	378538.99
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 20
	<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. Theodore Andrew Buccilli Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4403 Clover Dr.
 City Ravenna State OH Zip Code 44266-8636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEO Foot & Ankle Surgical Associates 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
 09 / 01 / 2013
Transaction ID : 21104054
 Amount of Each Receipt this Period
 100.00

B. Dr. Kelvin H. Nguyen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8672 Bermuda Ave.
 City Westminster State CA Zip Code 92683-7260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2013
Transaction ID : 21104064
 Amount of Each Receipt this Period
 25.00

C. Dr. Eric E. Leonheart
 Full Name (Last, First, Middle Initial)
 Mailing Address Valley Podiatric Clinic
 24920 104th Ave. S.E.
 City Kent State WA Zip Code 98030-6443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Puyallup Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 21130305
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. William 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 09 / 06 / 2013
Transaction ID : 21132060

Amount of Each Receipt this Period 150.00

B. Dr. Steven E. Black
Full Name (Last, First, Middle Initial)

Mailing Address 22855 Sparrowdell Dr.

City Calabasas State CA Zip Code 91302-1820

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 08 / 2013
Transaction ID : 21132412

Amount of Each Receipt this Period 50.00

C. 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 09 / 13 / 2013
Transaction ID : 21140662

Amount of Each Receipt this Period 300.00

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: PAGE 8 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Bruce M. Jacob

Mailing Address 4319 Foxpointe Dr.

City State Zip Code
West Bloomfield MI 48323-2615

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 ▼
800.00

Date of Receipt
09 / 15 / 2013

Transaction ID : 21140782

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr. Steve R. Feller

Mailing Address 7507 Custer Rd. W.

City State Zip Code
Tacoma WA 98499-8138

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 ▼
450.00

Date of Receipt
09 / 17 / 2013

Transaction ID : 21143155

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Dr. Phillip E. Ward

Mailing Address 2321 Timberlane Dr.

City State Zip Code
Florence SC 29506-8338

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

Name of Employer Occupation
Carolina Health Care Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
09 / 17 / 2013

Transaction ID : 21143600

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 10 OF 20
	<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. Carol F. LaRose
 Full Name (Last, First, Middle Initial)
 Mailing Address 14321 Hancock Ln.
 City Anchorage State AK Zip Code 99515-3963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance 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
 09 / 19 / 2013
Transaction ID : 21144122
 Amount of Each Receipt this Period
 300.00

B. Dr. David M. Kaufmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Ellison Dr.
 City Bedford State NH Zip Code 03110-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Hitchcock Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 21147081
 Amount of Each Receipt this Period
 300.00

C. Dr. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City Cherry Hill State NJ Zip Code 08003-1938
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2013
Transaction ID : 21147218
 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 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David G. Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Saddle Hill Dr.
 City Logan State UT Zip Code 84321-4828
 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 ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : 21147226
 Amount of Each Receipt this Period
 90.00

B. Dr. Joseph S. Borreggine
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 Hawthorne Drive
 City Charleston State IL Zip Code 61920-8260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : 21147229
 Amount of Each Receipt this Period
 125.00

c. Dr. Robert J. Lenfestey Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Birklands Dr.
 City Cary State NC Zip Code 27518-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : 21147234
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	315.00
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 20
<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. Aniello Scotti Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1 Three Pond Rd.

City Smithtown	State NY	Zip Code 11787-1830
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	23	/	2013

Transaction ID : 21147235

Amount of Each Receipt this Period

25.00

B. Dr. Liana G. Seldin
Full Name (Last, First, Middle Initial)

Mailing Address 325 Meridian Ave. #10

City Miami Beach	State FL	Zip Code 33139-8713
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	23	/	2013

Transaction ID : 21147236

Amount of Each Receipt this Period

25.00

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

Mailing Address 4326 Sarong Dr.

City Houston	State TX	Zip Code 77096-4425
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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 ▼ **765.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	23	/	2013

Transaction ID : 21147237

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 20
	<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 ▼ 450.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 21147238

Amount of Each Receipt this Period
50.00

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 ▼ 450.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 21147239

Amount of Each Receipt this Period
50.00

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

Mailing Address 1142 Grays Point Ln.

City Aberdeen State WA Zip Code 98520-1069

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

Name of Employer Harbor Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 24 / 2013
Transaction ID : 21151669

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 14 OF 20
	<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. Deborah Behre
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Logger Ct. S.E.
 City Olympia State WA Zip Code 98503-6722
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : 21151670
 Amount of Each Receipt this Period
 250.00

B. Dr. Animesh S. Bhatia
 Full Name (Last, First, Middle Initial)
 Mailing Address 4561 Neiswander Sq.
 City New Albany State OH Zip Code 43054-9642
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 21154130
 Amount of Each Receipt this Period
 250.00

C. Dr. Phillip Wayne Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 2814 Berry St.
 City Paris State IL Zip Code 61944-6832
 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
 09 / 25 / 2013
Transaction ID : 21154132
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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. Stephanie Ellis Spicer
 Full Name (Last, First, Middle Initial)
 Mailing Address 11263 Stoll Rd.
 City Frankfort State IL Zip Code 60423-7987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer In Step, Ltd. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 21154133
 Amount of Each Receipt this Period
 85.00

B. Dr. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 21154135
 Amount of Each Receipt this Period
 25.00

C. Dr. James H. McClain
 Full Name (Last, First, Middle Initial)
 Mailing Address 68689 Vinewood Ave.
 City Sturgis State MI Zip Code 49091-2374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 21154150
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 20
	<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. 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 21155949
 Amount of Each Receipt this Period
 50.00

B. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Foot Center P.O. Box 98209
 City Raleigh State NC Zip Code 27624-8209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 21157922
 Amount of Each Receipt this Period
 50.00

C. Dr. Zahid A. Ladha
 Full Name (Last, First, Middle Initial)
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 21157923
 Amount of Each Receipt this Period
 250.00

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 17 OF 20
	<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. Samuel Stuart Woociker
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Warrior Trl.
 City Enterprise State FL Zip Code 32725-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Foot&Ankle Clinic Physicians Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 21157924
 Amount of Each Receipt this Period
 50.00

B. Dr. Jeffery H. Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address Midwest Podiatry Services
 610 S. Maple Ave. #2550
 City Oak Park State IL Zip Code 60304-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Podiatry Services Occupation 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
 09 / 28 / 2013
Transaction ID : 21157926
 Amount of Each Receipt this Period
 25.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	3720.00

**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. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard J. Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	3

Transaction ID : 21104163

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard J. Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	3

Transaction ID : 21104164

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Mailing Address 1212 S. Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	3

Transaction ID : 21104165

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	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. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : 21139838

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement

011

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : 21139839

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. PAC to the Future

Mailing Address 430 South Capitol Street, SE
First Floor

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

PAC to the Future

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : 21139840

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0

8	5	0	0	0	0	0	0	0	0

