

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2013 through 02 28 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date 03 14 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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.....	334623.66	
(c) Total Receipts (from Line 19)	59364.00	153622.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	393987.66	394087.66
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	393987.66	394087.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 01 / 2013 To: M M / D D / Y Y Y Y 02 / 28 / 2013

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).....	35879.00	102757.00
(ii) Unitemized	23485.00	50865.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	59364.00	153622.00
(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)	59364.00	153622.00
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))..... ▶	59364.00	153622.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59364.00	153622.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

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)	59364.00	153622.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59364.00	153622.00
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 34
	<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. Brenna Leigh Steinberg
Full Name (Last, First, Middle Initial)

Mailing Address 21511 Sun Garden Ct.

City Germantown State MD Zip Code 20876-6941

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
02 / 01 / 2013
Transaction ID : 20689502

Amount of Each Receipt this Period
250.00

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

Mailing Address 15 N. Racine Ave. #501

City Chicago State IL Zip Code 60607-2003

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

Name of Employer Windy City Foot & Ankle Physicians Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 01 / 2013
Transaction ID : 20689503

Amount of Each Receipt this Period
250.00

c. Dr. Matthew G. Garoufalís
Full Name (Last, First, Middle Initial)

Mailing Address 1933 Hansom Ct.

City Naperville State IL Zip Code 60565-2629

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

Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 04 / 2013
Transaction ID : 20691981

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 34
	<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. Martin Clayton Harris
Full Name (Last, First, Middle Initial)
Mailing Address 70 Hillside Rd.
City Cumberland State RI Zip Code 02864-3206
FEC ID number of contributing federal political committee. **C**
Name of Employer Martin C. Harris & Associates 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
02 / 04 / 2013
Transaction ID : 20711210
Amount of Each Receipt this Period
300.00

B. Dr. David J. Golden
Full Name (Last, First, Middle Initial)
Mailing Address 87 Reservoir Rd.
City Coventry State RI Zip Code 02816-6409
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
02 / 04 / 2013
Transaction ID : 20711212
Amount of Each Receipt this Period
300.00

C. Dr. Robert R. Bier
Full Name (Last, First, Middle Initial)
Mailing Address 16 Monica Dr.
City Edison State NJ Zip Code 08820-3224
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
02 / 04 / 2013
Transaction ID : 20711213
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 8 OF 34
	<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. Andre M. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Millport St.
 City Port Charlotte State FL Zip Code 33948-7754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Centers of Charlotte Coun 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
 02 / 04 / 2013
Transaction ID : 20711214
 Amount of Each Receipt this Period
 300.00

B. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 20711302
 Amount of Each Receipt this Period
 150.00

C. Dr. John E. Morehead
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 S. 76th E. Ave.
 City Tulsa State OK Zip Code 74133-1835
 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
 02 / 05 / 2013
Transaction ID : 20712463
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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. Leslie G. Levy
 Full Name (Last, First, Middle Initial)
 Mailing Address 23501 Cinema Dr. #209
 City Valencia State CA Zip Code 91355-5430
 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
 02 / 04 / 2013
Transaction ID : 20712464
 Amount of Each Receipt this Period
 500.00

B. Dr. Scott Frederick Jorgensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6917 Dawson Ln.
 City Edina State MN Zip Code 55435-1601
 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
 02 / 01 / 2013
Transaction ID : 20712465
 Amount of Each Receipt this Period
 500.00

C. Dr. Alan J. Discont
 Full Name (Last, First, Middle Initial)
 Mailing Address 8880 E Withersfield Rd.
 City Scottsdale State AZ Zip Code 85260-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot & Ankle Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 20712466
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 34
	<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. Kirk W. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 44 Monroe Dr.

City Chambersburg State PA Zip Code 17201-7914

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
02 / 04 / 2013
Transaction ID : 20712467

Amount of Each Receipt this Period
300.00

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

Mailing Address Carolina Foot & Ankle Specialists
8305 Falls of Neuse Rd. #100

City Raleigh State NC Zip Code 27615-3546

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

Name of Employer Carolina Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 04 / 2013
Transaction ID : 20712468

Amount of Each Receipt this Period
300.00

C. Dr. Michael J. Hriljac
Full Name (Last, First, Middle Initial)

Mailing Address IL Podiatric Medical Association
122 S. Michigan Ave. #1441

City Chicago State IL Zip Code 60603-6173

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

Name of Employer Illinois Podiatric Medical Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 01 / 2013
Transaction ID : 20712469

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 11 OF 34
	<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. Eugene R. Kubitz
Full Name (Last, First, Middle Initial)

Mailing Address 3918 Deerpath Dr.

City Sandusky State OH Zip Code 44870-6084

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
 02 / 01 / 2013
Transaction ID : 20712470

Amount of Each Receipt this Period
 300.00

B. Dr. Scott E. Rickoff
Full Name (Last, First, Middle Initial)

Mailing Address 4590 Bohemia Dr.

City Pensacola State FL Zip Code 32504-8560

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
 02 / 04 / 2013
Transaction ID : 20712486

Amount of Each Receipt this Period
 100.00

C. Dr. Robert Paul Dunne
Full Name (Last, First, Middle Initial)

Mailing Address 763 Loggerhead Island Way

City Satellite Beach State FL Zip Code 32937-3844

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
 02 / 07 / 2013
Transaction ID : 20715536

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 34
	<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. Christopher Joseph Gauland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3009 Rolston Rd.
 City Greenville State NC Zip Code 27858-6254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Carolina Foot & Ankle Speciali 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
 02 / 07 / 2013
Transaction ID : 20715537
 Amount of Each Receipt this Period
 500.00

B. Dr. Douglas T. Gillis
 Full Name (Last, First, Middle Initial)
 Mailing Address Arroyo Foot & Ankle Clinic 780 S. Walnut St. #3
 City Las Cruces State NM Zip Code 88001-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arroyo Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 20715538
 Amount of Each Receipt this Period
 500.00

C. 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) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 20715540
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
	<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. Kevin Jay Larsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Ponderosa Dr.
 City Grand Island State NE Zip Code 68803-9673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand Island 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
 02 / 07 / 2013
Transaction ID : 20715545
 Amount of Each Receipt this Period
 250.00

B. Dr. Maureen L. Crotty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4734 S. Yorktown Pl.
 City Tulsa State OK Zip Code 74105-4931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green Country Podiatry 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
 02 / 07 / 2013
Transaction ID : 20715608
 Amount of Each Receipt this Period
 500.00

C. Dr. Janet Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Van Buren Pl. S.E.
 City Albuquerque State NM Zip Code 87108-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 20715907
 Amount of Each Receipt this Period
 1225.00

SUBTOTAL of Receipts This Page (optional).....▶	1975.00
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 34
	<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. Christian J. Wunderlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1934 Drexel Hill Ct.
 City Des Peres State MO Zip Code 63131-3647
 Name of Employer Kirkwood Podiatry, Inc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2013
Transaction ID : 20715910
 Amount of Each Receipt this Period 500.00

B. Dr. Glenn B. Gastwirth
 Full Name (Last, First, Middle Initial)
 Mailing Address 12401 Willow Green Ct.
 City Potomac State MD Zip Code 20854-3044
 Name of Employer American Podiatric Medical Association Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20715924
 Amount of Each Receipt this Period 1000.00

C. Dr. Brian W. Cornell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Algonquin Dr.
 City Middletown State RI Zip Code 02842-4573
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20715936
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
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 34
	(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. Kenneth E. Jacoby
Full Name (Last, First, Middle Initial)

Mailing Address 4 N. 916 Middlecreek Ln.

City Saint Charles State IL Zip Code 60175

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

Name of Employer Elgin Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20715939

Amount of Each Receipt this Period 300.00

B. Dr. Brent Martin Harwood
Full Name (Last, First, Middle Initial)

Mailing Address Southeast Podiatry 23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532-3353

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

Name of Employer Southeast Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20715942

Amount of Each Receipt this Period 500.00

C. Dr. Kevan R. Kreitman
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Pierce St.

City Birmingham State MI Zip Code 48009-1773

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

Name of Employer Shores Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20715943

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1800.00

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 16 OF 34
	(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. Bart D. Beaver
Full Name (Last, First, Middle Initial)

Mailing Address 11043 S. Homan Ave.

City Chicago State IL Zip Code 60655-2719

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

Name of Employer A Step Ahead Footcare, PC Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 20715945

Amount of Each Receipt this Period
 301.00

B. Dr. Kent L. Magrini
Full Name (Last, First, Middle Initial)

Mailing Address 302 Brownwood Estate

City Fort Smith State AR Zip Code 72916-4029

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

Name of Employer Foot Health Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 20718890

Amount of Each Receipt this Period
 1000.00

C. Dr. Vafa N. Ferdowsian
Full Name (Last, First, Middle Initial)

Mailing Address 3 Eagle Shore Dr.

City Conway State AR Zip Code 72032-2204

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

Name of Employer Ferdowsian 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
 02 / 08 / 2013
Transaction ID : 20718891

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1801.00

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 34
	<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. James W. Stavosky
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Vancouver Ave.

City State Zip Code
Burlingame CA 94010-5669

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
02 / 11 / 2013
Transaction ID : 20718892

Amount of Each Receipt this Period
300.00

B. Dr. Harry Goldsmith
Full Name (Last, First, Middle Initial)

Mailing Address 13337 E. South St. #325

City State Zip Code
Cerritos CA 90703-7308

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
02 / 08 / 2013
Transaction ID : 20718893

Amount of Each Receipt this Period
300.00

C. Dr. Lawrence E. Burns
Full Name (Last, First, Middle Initial)

Mailing Address 1208 Wexford Downs Ln.

City State Zip Code
Nashville TN 37211-6999

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
02 / 11 / 2013
Transaction ID : 20718894

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<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. Patrick B. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 246 W. Woodstone Ct.

City Baton Rouge State LA Zip Code 70808-5148

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

Name of Employer Bone & Joint Clinic of Baton Rouge, IN Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2013
Transaction ID : 20718895

Amount of Each Receipt this Period 250.00

B. Benjamin J. Wallner
Full Name (Last, First, Middle Initial)

Mailing Address 7512-H Snowpea Ct.

City Alexandria State VA Zip Code 22306-2256

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

Name of Employer American Podiatric Medical Association Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 20723694

Amount of Each Receipt this Period 300.00

C. Dr. Steven H. Glickman
Full Name (Last, First, Middle Initial)

Mailing Address 688 Landon St.

City Birmingham State MI Zip Code 48009-3645

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 02 / 15 / 2013
Transaction ID : 20723890

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 34
	<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. L. Denise Highland
Full Name (Last, First, Middle Initial)

Mailing Address 21409 Kelly Rd. #200

City Eastpointe State MI Zip Code 48021-3264

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
02 / 15 / 2013
Transaction ID : 20723891

Amount of Each Receipt this Period
400.00

B. Dr. Vicki Anton-Athens
Full Name (Last, First, Middle Initial)

Mailing Address 29113 E. River Rd.

City Grosse Ile State MI Zip Code 48138-1940

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
02 / 15 / 2013
Transaction ID : 20723900

Amount of Each Receipt this Period
500.00

C. Dr. Craig J. Pilichowski
Full Name (Last, First, Middle Initial)

Mailing Address Northern Foot & Ankle Center, PC
321 Long Rapids Plaza

City Alpena State MI Zip Code 49707-1375

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

Name of Employer Lakeshore Foot & Ankle Centers
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 15 / 2013
Transaction ID : 20723913

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 34
	<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. Faith C. Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 6209 Alt Monte Ave. N.E.

City Albuquerque State NM Zip Code 87110-2101

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

Name of Employer S.W. Podiatry 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
 02 / 14 / 2013
Transaction ID : 20723935

Amount of Each Receipt this Period
 500.00

B. Dr. Nathan D. Ivey
Full Name (Last, First, Middle Initial)

Mailing Address 6912 Kalgan Rd. N.E.

City Rio Rancho State NM Zip Code 87144-3529

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

Name of Employer New Mexico Foot & Ankle Institute 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
 02 / 14 / 2013
Transaction ID : 20723937

Amount of Each Receipt this Period
 300.00

C. Dr. Gerard J. Kerbleski
Full Name (Last, First, Middle Initial)

Mailing Address 10105 Florence Ave. N.E.

City Albuquerque State NM Zip Code 87122-3911

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

Name of Employer Podiatry Associates of NM 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
 02 / 14 / 2013
Transaction ID : 20723938

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 34
	<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. Angela Lee Drury		Date of Receipt MM / DD / YYYY 02 / 14 / 2013 Transaction ID : 20724145
Mailing Address 3209 Overcup Oak Dr.		Amount of Each Receipt this Period 300.00
City Austin	State TX	Zip Code 78704-6034
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. R. Daniel Davis		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : 20724157
Mailing Address 450 Clement Ln.		Amount of Each Receipt this Period 1000.00
City Orange	State CT	Zip Code 06477-2803
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Gerald W. Torgesen		Date of Receipt MM / DD / YYYY 02 / 16 / 2013 Transaction ID : 20724164
Mailing Address 896 Shirley Ln.		Amount of Each Receipt this Period 300.00
City Boulder City	State NV	Zip Code 89005-3629
FEC ID number of contributing federal political committee.	C	
Name of Employer Foot & Ankle Surgical Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<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. Eugene L. Nassif Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4095 Hickory Hill Ln. S.E.
 City Cedar Rapids State IA Zip Code 52403-3738
 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
 02 / 16 / 2013
Transaction ID : 20724166
 Amount of Each Receipt this Period
 300.00

B. Dr. Scott E. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Specialists, PC
 1060 N. Monroe St.
 City Monroe State MI Zip Code 48162-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : 20729790
 Amount of Each Receipt this Period
 450.00

C. Dr. Thomas S. Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 10812 S.E. 3rd St.
 City Midwest City State OK Zip Code 73130-5104
 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
 02 / 19 / 2013
Transaction ID : 20732174
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Douglas E. Stabile
 Full Name (Last, First, Middle Initial)
 Mailing Address Lake Ridge Foot & Ankle Center
 1721 Financial Loop
 City Lake Ridge State VA Zip Code 22192-2459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Ridge Foot & Ankle Center 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
 02 / 19 / 2013
Transaction ID : 20732175
 Amount of Each Receipt this Period
500.00

B. Dr. Lyle T. Modlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3708 Gateshead Dr.
 City Annapolis State MD Zip Code 21403-5002
 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
 02 / 19 / 2013
Transaction ID : 20732176
 Amount of Each Receipt this Period
250.00

C. Dr. Frank S. Campo
 Full Name (Last, First, Middle Initial)
 Mailing Address N. End Foot Center
 260 North St.
 City Boston State MA Zip Code 02113-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N. End Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 20732178
 Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<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. Laura J. Pickard
Full Name (Last, First, Middle Initial)

Mailing Address Norridge Foot Clinic
7325 W. Irving Park Rd.

City Chicago State IL Zip Code 60634-3547

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

Name of Employer Norridge Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 19 / 2013
Transaction ID : 20732179

Amount of Each Receipt this Period
500.00

B. Dr. Todd Damien O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 99

City Lincoln State ME Zip Code 04457-0099

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

Name of Employer Health Access Network Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 19 / 2013
Transaction ID : 20732292

Amount of Each Receipt this Period
500.00

C. Dr. David Allen Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 41 Juniper Ln.

City Bridgeport State WV Zip Code 26330-9343

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

Name of Employer Family Foot Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 19 / 2013
Transaction ID : 20732293

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 25 OF 34
(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. Curtis W. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 1047 Brevor Pl.
 City Walla Walla State WA Zip Code 99362-9381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 20732294
 Amount of Each Receipt this Period
 500.00

B. Dr. Richard E. Ehle
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Black Walnut Ln.
 City Burlington State CT Zip Code 06013-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT Foot Care Centers Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 20732295
 Amount of Each Receipt this Period
 500.00

C. Dr. Leonard F. Pinto Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Butten Mews
 City Plymouth State MA Zip Code 02360-8801
 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
 02 / 19 / 2013
Transaction ID : 20732296
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ► 1300.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
	<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. David L. Blumfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 5215 Pine St.
 City State Zip Code
 Bellaire TX 77401-4820
 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 / D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 20732297
 Amount of Each Receipt this Period
 300.00

B. Dr. Jimmy L. Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 3546 Covington Hwy. #C
 City State Zip Code
 Decatur GA 30032-1843
 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 / D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 20732298
 Amount of Each Receipt this Period
 300.00

C. Dr. Richard S. Weinbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 4214 Lupton Ct.
 City State Zip Code
 High Point NC 27262-8393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Foot & Ankle Specialists 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
 02 / 14 / 2013
Transaction ID : 20732299
 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 27 OF 34
	<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. Anthony Hugh Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 75 Doubleday Rd.

City Columbia State CT Zip Code 06237-1400

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

Name of Employer Colchester Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
02 / 21 / 2013
Transaction ID : 20732326

Amount of Each Receipt this Period
350.00

B. Mr. Don M. Canada
Full Name (Last, First, Middle Initial)

Mailing Address 918 Congress Ave. #200

City Austin State TX Zip Code 78701-2422

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

Name of Employer Texas Podiatric Medical Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 21 / 2013
Transaction ID : 20732327

Amount of Each Receipt this Period
500.00

C. Dr. Russell J. Barone
Full Name (Last, First, Middle Initial)

Mailing Address 29 Glen Crest Dr.

City Arden State NC Zip Code 28704-3025

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

Name of Employer Hellertown Family Foot Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 21 / 2013
Transaction ID : 20732328

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34
	<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 J. Passeri
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. San Mateo Dr. #212
 City San Mateo State CA Zip Code 94401-3843
 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
 02 / 21 / 2013
Transaction ID : 20732329
 Amount of Each Receipt this Period
350.00

B. 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 20734616
 Amount of Each Receipt this Period
250.00

C. Dr. Jeffrey R. DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2611 Circle Dr.
 City Newport Beach State CA Zip Code 92663-5616
 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
 02 / 16 / 2013
Transaction ID : 20734706
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34
	<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. Sylvia Virbulis		Date of Receipt MM / DD / YYYY 02 / 16 / 2013 Transaction ID : 20734707
Mailing Address Piedmont Foot & Ankle Care 316 S. Church St.		Amount of Each Receipt this Period 100.00
City Salisbury	State NC	
Zip Code 28144-4930		Aggregate Year-to-Date ▼ 450.00
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lisa M. Schoene		Date of Receipt MM / DD / YYYY 02 / 25 / 2013 Transaction ID : 20734973
Mailing Address 659 W. Wellington Ave. #3W		Amount of Each Receipt this Period 500.00
City Chicago	State IL	
Zip Code 60657-5305		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Gurnee Podiatry & Sports Medicine	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kim G. Gauntt		Date of Receipt MM / DD / YYYY 02 / 25 / 2013 Transaction ID : 20734974
Mailing Address 16585 N.E. Fairview Dr.		Amount of Each Receipt this Period 250.00
City Dundee	State OR	
Zip Code 97115-9108		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Foot Health Center of Newberg	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 30 OF 34
(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. Mr. Herman Hammerschmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Brandon Road
 City Lawrenceville State NJ Zip Code 08648-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Podiatric Medical Society Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 20734977
 Amount of Each Receipt this Period
 303.00

B. Dr. Dennis L. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Wedgewood Way
 City Scotch Plains State NJ Zip Code 07076-2727
 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
 02 / 25 / 2013
Transaction ID : 20734979
 Amount of Each Receipt this Period
 500.00

C. Dr. Kevin Holton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Jasmine Ct.
 City Saint Cloud State MN Zip Code 56301-9467
 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
 02 / 25 / 2013
Transaction ID : 20734981
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1303.00
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 31 OF 34
	<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. Joseph C. D'Amico
Full Name (Last, First, Middle Initial)

Mailing Address 333 W. 57th St.

City New York State NY Zip Code 10019-3159

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
02 / 22 / 2013
Transaction ID : 20734987

Amount of Each Receipt this Period
300.00

B. Dr. John W. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 702 E. McCarty St.

City Sandersville State GA Zip Code 31082-0751

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
02 / 26 / 2013
Transaction ID : 20735030

Amount of Each Receipt this Period
300.00

C. Dr. Angie Lynn Glynn
Full Name (Last, First, Middle Initial)

Mailing Address 4343 N. 600 E.

City Franklin State IN Zip Code 46131-7865

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
02 / 25 / 2013
Transaction ID : 20764638

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 34
	<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. Stephen E. Latter
 Full Name (Last, First, Middle Initial)
 Mailing Address 14915 Quail Pointe Ln.
 City Grass Valley State CA Zip Code 95945-9600
 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
 02 / 25 / 2013
Transaction ID : 20764639
 Amount of Each Receipt this Period
 300.00

B. Dr. Katherine Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address Bailey & Associates
 1307 Washington St. #100
 City Oregon State IL Zip Code 61061-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bailey & Associates 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
 02 / 25 / 2013
Transaction ID : 20764640
 Amount of Each Receipt this Period
 300.00

C. Dr. Michele Nicole Kurlanski
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Woodside Dr.
 City Cumberland Center State ME Zip Code 04021-4019
 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
 02 / 26 / 2013
Transaction ID : 20764641
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 34
	<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. Glenn Dale McClendon
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 S. Baridan St.
 City Conway State AR Zip Code 72034-7741
 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
 02 / 25 / 2013
Transaction ID : 20764642
 Amount of Each Receipt this Period
 250.00

B. Dr. Troy David Zimbelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Poplar St.
 City Prattville State AL Zip Code 36066-3638
 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
 02 / 27 / 2013
Transaction ID : 20764651
 Amount of Each Receipt this Period
 500.00

C. Dr. Raymond G. Cavaliere
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Cedar Ridge Ln.
 City Dix Hills State NY Zip Code 11746-7941
 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
 02 / 28 / 2013
Transaction ID : 20764706
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 34 OF 34
	(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. Paul Kinberg
Full Name (Last, First, Middle Initial)

Mailing Address 6023 Gentle Knoll Ln.

City Dallas State TX Zip Code 75248-2122

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
02 / 28 / 2013
Transaction ID : 20764709

Amount of Each Receipt this Period
1000.00

B. Dr. Samuel Nava Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8381 Navisota Dr.

City Lantana State TX Zip Code 76226-7344

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

Name of Employer S.W. Podiatry Associates
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 28 / 2013
Transaction ID : 20764796

Amount of Each Receipt this Period
300.00

C. Dr. Bradford W. Glass
Full Name (Last, First, Middle Initial)

Mailing Address 4603 Island Dr.

City Midland State TX Zip Code 79707-1406

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
02 / 28 / 2013
Transaction ID : 20764897

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	35879.00