

**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.....	493580.65	
(c) Total Receipts (from Line 19)	13244.50	378389.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	506825.15	618855.15
7. Total Disbursements (from Line 31).....	5000.00	116930.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	501825.15	501925.15
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

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).....	5870.00	250708.00
(ii) Unitemized	7374.50	121681.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13244.50	372389.49
(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)	13244.50	372389.49
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))..... ▶	13244.50	378389.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13244.50	378389.49

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.....	5000.00	116000.00
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)) ..	5000.00	116930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	116930.00

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)	13244.50	372389.49
34. Total Contribution Refunds (from Line 28(d))	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13244.50	371459.49
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 19
	<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

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 ▼ **750.00**

Date of Receipt **08 / 01 / 2013**

Transaction ID : 21042756

Amount of Each Receipt this Period **250.00**

B. 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 ▼ **300.00**

Date of Receipt **08 / 01 / 2013**

Transaction ID : 21076286

Amount of Each Receipt this Period **100.00**

C. Dr. William H. Dabdoub
Full Name (Last, First, Middle Initial)

Mailing Address 100 Ayshire Ct.

City Slidell State LA Zip Code 70461-5034

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt **08 / 06 / 2013**

Transaction ID : 21077333

Amount of Each Receipt this Period **150.00**

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 7 OF 19
	(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. Steven E. Black
Full Name (Last, First, Middle Initial)

Mailing Address 22855 Sparrowdell Dr.

City	State	Zip Code
Calabasas	CA	91302-1820

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2013

Transaction ID : 21080792

Amount of Each Receipt this Period

50.00

B. Dr. Krysia L. Lepoer
Full Name (Last, First, Middle Initial)

Mailing Address 1305 West St.

City	State	Zip Code
Wrentham	MA	02093-1801

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

Name of Employer	Occupation
University Foot Center	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2013

Transaction ID : 21080894

Amount of Each Receipt this Period

300.00

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

Mailing Address 4319 Foxpointe Dr.

City	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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : 21090302

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 19
	<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. David S. Chung
Full Name (Last, First, Middle Initial)

Mailing Address N.W. Foot Clinic, P.C.
4055 S.W. 185th Ave. #100

City Aloha State OR Zip Code 97007-1567

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

Name of Employer N.W. Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 16 / 2013
Transaction ID : 21092455

Amount of Each Receipt this Period
300.00

B. Dr. Brandi S. Myers
Full Name (Last, First, Middle Initial)

Mailing Address 1412 S.E. Harney St.

City Portland State OR Zip Code 97202-7130

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
08 / 16 / 2013
Transaction ID : 21092456

Amount of Each Receipt this Period
300.00

C. Dr. Rae Louise Lantsberger
Full Name (Last, First, Middle Initial)

Mailing Address 6417 S.E. 49th Ave.

City Portland State OR Zip Code 97206-6914

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

Name of Employer Gresham Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
08 / 16 / 2013
Transaction ID : 21092461

Amount of Each Receipt this Period
50.00

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 10 OF 19
	<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. Kenneth K. S. Mah
Full Name (Last, First, Middle Initial)

Mailing Address 4511 S.E. Hawthorne Blvd. #103

City Portland	State OR	Zip Code 97215-3170
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2013

Transaction ID : 21092471

Amount of Each Receipt this Period

300.00

B. Dr. Grayden W. King
Full Name (Last, First, Middle Initial)

Mailing Address 17704 N.E. 28th St.

City Vancouver	State WA	Zip Code 98682-3637
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gresham Podiatry 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
08		16		2013

Transaction ID : 21092489

Amount of Each Receipt this Period

300.00

C. Dr. Thuy-Trang Lam
Full Name (Last, First, Middle Initial)

Mailing Address Clackamas Foot & Ankle Clinic
8800 S.E. Sunnyside Rd. #105N

City Clackamas	State OR	Zip Code 97015-5738
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FEC ID number of contributing federal political committee. **C**

Name of Employer Clackamas Foot & Ankle Clinic	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2013

Transaction ID : 21092490

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 19
	<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. Darrell Duane Prins
Full Name (Last, First, Middle Initial)

Mailing Address 3317 Yacht Ave.

City Lincoln City	State OR	Zip Code 97367-5188
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln County Foot Health Center	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	16	/	2013

Transaction ID : 21092506

Amount of Each Receipt this Period

300.00

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

Mailing Address 7507 Custer Rd. W.

City Tacoma	State WA	Zip Code 98499-8138
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	17	/	2013

Transaction ID : 21092617

Amount of Each Receipt this Period

50.00

C. Dr. H. F. Brown III
Full Name (Last, First, Middle Initial)

Mailing Address 14 River Valley Rd.

City Little Rock	State AR	Zip Code 72227-1505
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	18	/	2013

Transaction ID : 21092630

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
<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. Joseph M. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Ocean View Dr.
 City Signal Hill State CA Zip Code 90755-3778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2013
Transaction ID : 21092633
 Amount of Each Receipt this Period
 60.00

B. Dr. Jeffrey Frederick
 Full Name (Last, First, Middle Initial)
 Mailing Address 30005 Forest Dr.
 City Franklin State MI Zip Code 48025-1580
 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 ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2013
Transaction ID : 21092651
 Amount of Each Receipt this Period
 100.00

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 ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2013
Transaction ID : 21094521
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 19
	<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. Vada Kathleen Satterfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 10685 Concannon St.
 City Rancho Cucamonga State CA Zip Code 91737-6922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Disabled 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
 08 / 21 / 2013
Transaction ID : 21094523
 Amount of Each Receipt this Period
 25.00

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 Occupation
 Touching Ground Podiatry, P.C. Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013
Transaction ID : 21096836
 Amount of Each Receipt this Period
 125.00

C. 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 Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013
Transaction ID : 21096837
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Robert J. 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2013
Transaction ID : 21096945
 Amount of Each Receipt this Period
 100.00

B. Dr. Andrew J. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 4326 Sarong Dr.
 City Houston State TX Zip Code 77096-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2013
Transaction ID : 21096948
 Amount of Each Receipt this Period
 85.00

C. 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2013
Transaction ID : 21096949
 Amount of Each Receipt this Period
 50.00

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 15 OF 19
<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. Daniel F. Byrd
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 N.W. 4th St.
 City Pendleton State OR Zip Code 97801-1414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Mountain Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 22 / 2013**
Transaction ID : 21098438
 Amount of Each Receipt this Period **300.00**

B. Dr. Wendy Sue Winckelbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 3788 Highland Park Dr.
 City Greenwood State IN Zip Code 46143-8231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southside Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 23 / 2013**
Transaction ID : 21098470
 Amount of Each Receipt this Period **300.00**

C. 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 **400.00**

Date of Receipt **08 / 23 / 2013**
Transaction ID : 21098472
 Amount of Each Receipt this Period **50.00**

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:	PAGE 16 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Brandon Ray Gumbiner		Date of Receipt MM / DD / YYYY 08 / 25 / 2013 Transaction ID : 21098564
Mailing Address KSB Foot & Ankle Center 215 E. 1st St. #301		Amount of Each Receipt this Period 100.00
City Dixon	State IL	
Zip Code 61021-3190		Aggregate Year-to-Date ▼ 300.00
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) ▼

Full Name (Last, First, Middle Initial) B. Dr. Phillip Wayne Holloway		Date of Receipt MM / DD / YYYY 08 / 25 / 2013 Transaction ID : 21098566
Mailing Address 2814 Berry St.		Amount of Each Receipt this Period 50.00
City Paris	State IL	
Zip Code 61944-6832		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. Stephanie Ellis Spicer		Date of Receipt MM / DD / YYYY 08 / 25 / 2013 Transaction ID : 21098567
Mailing Address 11263 Stoll Rd.		Amount of Each Receipt this Period 85.00
City Frankfort	State IL	
Zip Code 60423-7987		Aggregate Year-to-Date ▼ 425.00
FEC ID number of contributing federal political committee. C		
Name of Employer In Step, Ltd.	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 17 OF 19
	<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. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2013
Transaction ID : 21098580
 Amount of Each Receipt this Period
 50.00

B. Dr. Bradford J. Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 476 Painter Way
 City Lansdale State PA Zip Code 19446-4037
 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
 08 / 26 / 2013
Transaction ID : 21098611
 Amount of Each Receipt this Period
 300.00

C. Dr. David R. Northcutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1531 N. Buckner Blvd.
 City Dallas State TX Zip Code 75218-3517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2013
Transaction ID : 21098829
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Kirk Eliel Woelffer		Date of Receipt 08 / 28 / 2013 Transaction ID : 21099305
Mailing Address Raleigh Foot Center P.O. Box 98209		Amount of Each Receipt this Period 50.00
City Raleigh	State NC Zip Code 27624-8209	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Raleigh Foot Center	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. Zahid A. Ladha		Date of Receipt 08 / 28 / 2013 Transaction ID : 21099306
Mailing Address 3544 Marquis Ct.		Amount of Each Receipt this Period 250.00
City Floyds Knobs	State IN Zip Code 47119-9766	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer Self-Employed	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. Samuel Stuart Woociker		Date of Receipt 08 / 28 / 2013 Transaction ID : 21099307
Mailing Address 445 Warrior Trl.		Amount of Each Receipt this Period 50.00
City Enterprise	State FL Zip Code 32725-2456	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Orlando Foot&Ankle Clinic Physicians	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	5870.00

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. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

011

Category/
Type

Candidate Name

EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2013

Transaction ID : 21074574

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

5000.00

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

5000.00
