

# 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.   
American Podiatric Medical Association Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	210209.16	
(c) Total Receipts (from Line 19) .....	30256.50	426970.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	240465.66	828078.66
7. Total Disbursements (from Line 31).....	0.00	587613.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	240465.66	240465.66
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

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).....	17320.00	272417.00
(ii) Unitemized .....	12936.50	151553.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30256.50	423970.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	30256.50	423970.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3000.00
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))..... ▶	30256.50	426970.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30256.50	426970.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	584200.00
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	2250.00
(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	2250.00
29. Other Disbursements .....	0.00	1163.00
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	587613.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	587613.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	30256.50	423970.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30256.50	421720.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

During an internal audit, performed in April of 2014, a cash-on-hand discrepancy was noted which dated back to 2012. This discrepancy was due to a data entry error of an un-itemized contribution to the committee. After discovering the error we are now amending this report to reflect the correct opening cash-on-hand amount for the period.

Form/Schedule:  
Transaction ID:

**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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jared T. Clifford</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : 20494585</b>
Mailing Address 1019 6th St.		Amount of Each Receipt this Period 20.00
City Prosser	State WA	Zip Code 99350-1406
FEC ID number of contributing federal political committee. C		
Name of Employer Mt. Adams Surgical Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Douglas K. Birch</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : 20518553</b>
Mailing Address 296 Liliuokalani St.		Amount of Each Receipt this Period 150.00
City Makawao	State HI	Zip Code 96768-8630
FEC ID number of contributing federal political committee. C		
Name of Employer Aloha Family Footcare, LLC	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>C. Dr. Grace D. Pascual</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : 20518555</b>
Mailing Address 86274 Alamihi St.		Amount of Each Receipt this Period 300.00
City Waianae	State HI	Zip Code 96792-2911
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 32  
(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. Helena Anne Reid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 35th Ave. Pl. #102  
 City Moline State IL Zip Code 61265-8026  
 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 / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20518556**  
 Amount of Each Receipt this Period  
 350.00

**B. Dr. David C. Novicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 Northwood Dr.  
 City Orange State CT Zip Code 06477-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milford Podiatry Associates  
 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  
 11 / 28 / 2012  
**Transaction ID : 20521612**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. James H. Dolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Highlander Dr.  
 City North Hampton State NH Zip Code 03862-2101  
 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 / D D / Y Y Y Y Y Y  
 11 / 28 / 2012  
**Transaction ID : 20521615**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 32  
(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. Debra Dale Weinstock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Fairway Ct.  
 City Roslyn State NY Zip Code 11576-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2012  
**Transaction ID : 20521616**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Patricia M. O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28W471 Douglas Rd.  
 City Naperville State IL Zip Code 60564-9595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Naperville Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2012  
**Transaction ID : 20521617**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Paul Z. Sheremeta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Capital Foot Specialists  
 3761 Carman Rd.  
 City Schenectady State NY Zip Code 12303-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2012  
**Transaction ID : 20521618**  
 Amount of Each Receipt this Period  
 1000.00

**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 10 OF 32
	<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. William A. Harr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Hwy. A1A #101  
 City Indian Harbour Beach State FL Zip Code 32937-3581  
 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  
 11 / 28 / 2012  
**Transaction ID : 20521619**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Edward A. Buro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1335 Carlls Straight Path  
 City Dix Hills State NY Zip Code 11746-5405  
 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  
 11 / 28 / 2012  
**Transaction ID : 20521621**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Ronica N. Holcombe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3120 JT Ottinger Rd.  
 City Westlake State TX Zip Code 76262-8066  
 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  
 11 / 28 / 2012  
**Transaction ID : 20521626**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
<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. George Douglas Lane**  
Full Name (Last, First, Middle Initial)

Mailing Address 11260 Chestnut Grove Sq. #237

City Reston	State VA	Zip Code 20190-5149
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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 M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

**Transaction ID : 20521628**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. Bryan Lee Mohr**  
Full Name (Last, First, Middle Initial)

Mailing Address 7362 Territory Pass

City Lakeville	State MN	Zip Code 55044-6119
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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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

**Transaction ID : 20521631**

Amount of Each Receipt this Period  

250.00
--------

**C. Dr. Kirk Eliel Woelffer**  
Full Name (Last, First, Middle Initial)

Mailing Address Raleigh Foot Center  
P.O. Box 98209

City Raleigh	State NC	Zip Code 27624-8209
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : 20521645**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<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. Charles P. Chapel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4191 Mariner Blvd.

City Spring Hill State FL Zip Code 34609-2470

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 ▼ **600.00**

Date of Receipt  
12 / 01 / 2012  
**Transaction ID : 20527335**

Amount of Each Receipt this Period  
**150.00**

**B. Dr. Frank A. Spinosa**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1023

City Shelter Island State NY Zip Code 11964-1023

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  
12 / 01 / 2012  
**Transaction ID : 20527336**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 3251 Wesley Rd. S.E.

City Palm Bay State FL Zip Code 32909-8404

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

Name of Employer Barefoot Bay Podiatry Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
12 / 02 / 2012  
**Transaction ID : 20527338**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **425.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<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. David E. Cornell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13304 Miami St.  
 City Omaha State NE Zip Code 68164-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Foot & Ankle Care Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2012  
**Transaction ID : 20527339**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. David M. Kaufmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Ellison Dr.  
 City Bedford State NH Zip Code 03110-4231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dartmouth Hitchcock Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20543769**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Phillip E. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2321 Timberlane Dr.  
 City Florence State SC Zip Code 29506-8338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Health Care Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20543770**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. William 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 ▼  
2800.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012  
**Transaction ID : 20556829**

Amount of Each Receipt this Period  
150.00

**B. Dr. Steven M. Spinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1031 Coralina Ln.

City Delray Beach State FL Zip Code 33483-6792

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  
12 / 06 / 2012  
**Transaction ID : 20556979**

Amount of Each Receipt this Period  
375.00

**c. Dr. Larry Craig Semer**  
Full Name (Last, First, Middle Initial)

Mailing Address 7601 N.W. 6th St.

City Plantation State FL Zip Code 33324-1402

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012  
**Transaction ID : 20556984**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 32
	(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. Derek J. McCammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 9477 S.E. Emerald Loop

City Happy Valley State OR Zip Code 97086-8037

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 ▼ **504.00**

Date of Receipt **12 / 07 / 2012**

**Transaction ID : 20558847**

Amount of Each Receipt this Period **42.00**

**B. Dr. Leslie P. Niehaus**  
Full Name (Last, First, Middle Initial)

Mailing Address 8708 Bedell Rd.

City Berlin Center State OH Zip Code 44401-8710

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

Name of Employer Alliance/Salem Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 07 / 2012**

**Transaction ID : 20559315**

Amount of Each Receipt this Period **300.00**

**C. Dr. Aaron Jon Chokan**  
Full Name (Last, First, Middle Initial)

Mailing Address OH Foot & Ankle Center  
3226 Kent Rd. #103

City Stow State OH Zip Code 44224-4466

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

Name of Employer OH Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 07 / 2012**

**Transaction ID : 20559316**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **842.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
<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. Marva D. Butters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Parkview Rd.  
 City Elmsford State NY Zip Code 10523-3819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : 20559318**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Gregory W. Bryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ark LA Tex Foot Specialists, LLC  
 385 Bert Kouns #200  
 City Shreveport State LA Zip Code 71106-8158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 20559444**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Albert R. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5714 Guava Dr.  
 City Tamarac State FL Zip Code 33319-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 20560816**  
 Amount of Each Receipt this Period  
 150.00

**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 17 OF 32
	<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. Brandt Ryan Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 E. 2850 N.  
 City Lehi State UT Zip Code 84043-3983  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20562472**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John Michael Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9615 N.W. Randall Ln.  
 City Portland State OR Zip Code 97229-5294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Portland 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  
 12 / 12 / 2012  
**Transaction ID : 20562512**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr. Holly A. Spohn-Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rural Health Clinic/Kern Valley Hosp.  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : 20563048**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<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. Scot Francis Bertolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4475 N. High St.  
 City Columbus State OH Zip Code 43214-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Internist Associates of Central NY Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : 20563049**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Cynthia Rae Cernak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1521 43rd Ave.  
 City Kenosha State WI Zip Code 53144-1213  
 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  
 12 / 13 / 2012  
**Transaction ID : 20568458**  
 Amount of Each Receipt this Period  
 100.00

**C. 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : 20568459**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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. Manny Moy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 S.E. Marion St. #19  
 City Portland State OR Zip Code 97202-7078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Foot & Ankle Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : 20572318**  
 Amount of Each Receipt this Period **150.00**

**B. Dr. Michael K. James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7703 Bowman Ln.  
 City Idaho Falls State ID Zip Code 83406-8340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Teton Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : 20572319**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Phyllis A. Weinstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5104 Densmore Ave.  
 City Encino State CA Zip Code 91436-1550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 16 / 2012**  
**Transaction ID : 20572947**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **270.00**  
**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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7507 Custer Rd. W.

City Tacoma State WA Zip Code 98499-8138

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
12 / 17 / 2012  
**Transaction ID : 20572960**

Amount of Each Receipt this Period  
**50.00**

**B. Dr. Jason Ray Surratt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4524 S.W. 29th Ave.

City Portland State OR Zip Code 97239-1208

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

Name of Employer Westside Podiatry Clinic  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
12 / 17 / 2012  
**Transaction ID : 20572961**

Amount of Each Receipt this Period  
**100.00**

**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 ▼ **350.00**

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : 20573061**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<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. Michael Morrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3200 Penbroke Pl.  
 City Lexington State KY Zip Code 40509-2016  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : 20573062**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Phyllis A. Ragley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 W. 6th St. #112  
 City Lawrence State KS Zip Code 66044-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : 20573063**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Joan M. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3240 Purer Rd.  
 City Escondido State CA Zip Code 92029-7250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : 20573064**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<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. Sandra Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 Appian Way

City State Zip Code  
Wilmington OH 45177-9000

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

Name of Employer Occupation  
Fox Podiatry Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2012

**Transaction ID : 20573853**

Amount of Each Receipt this Period  
200.00

**B. Dr. Kim A. Halladay**  
Full Name (Last, First, Middle Initial)

Mailing Address 5488 Cricket Ln.

City State Zip Code  
Tooele UT 84074-8141

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

Name of Employer Occupation  
Tooele Foot Clinic Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2012

**Transaction ID : 20573982**

Amount of Each Receipt this Period  
100.00

**C. Dr. Mark Haas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Tramway Ln. N.E.

City State Zip Code  
Albuquerque NM 87122-1317

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

Name of Employer Occupation  
Albuquerque Associated Podiatrists 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  
12 / 18 / 2012

**Transaction ID : 20573985**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00

**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 32
	<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. Scott M. Soulier**  
Full Name (Last, First, Middle Initial)

Mailing Address 10281 S. 1000 W.

City	State	Zip Code
South Jordan	UT	84095-8826

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
12	/	18	/	2012

**Transaction ID : 20573989**

Amount of Each Receipt this Period  

300.00
--------

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

Mailing Address 2564 Dobbin Holmes Rd.

City	State	Zip Code
Eastover	NC	28312-8124

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

Name of Employer	Occupation
Cape Fear Podiatry Associates	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

**Transaction ID : 20573999**

Amount of Each Receipt this Period  

300.00
--------

**C. Dr. Jeffrey Frederick**  
Full Name (Last, First, Middle Initial)

Mailing Address 30005 Forest Dr.

City	State	Zip Code
Franklin	MI	48025-1580

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 ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : 20574165**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
	<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. Steven E. Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 22855 Sparrowdell Dr.

City Calabasas State CA Zip Code 91302-1820

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 19 / 2012  
**Transaction ID : 20574166**

Amount of Each Receipt this Period  
500.00

**B. Dr. Francis John Rottier**  
Full Name (Last, First, Middle Initial)

Mailing Address 1529 W. Montana St. #1

City Chicago State IL Zip Code 60614-2007

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 19 / 2012  
**Transaction ID : 20574167**

Amount of Each Receipt this Period  
125.00

**C. Dr. Jonathan Bryan Purdy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1619 Shelby

City New Iberia State LA Zip Code 70560-8238

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

Name of Employer Occupation Foot Specialists of Acadiana Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 19 / 2012  
**Transaction ID : 20574181**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 32
	<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. Warkala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Harrowgate Dr.  
 City State Zip Code  
 Cherry Hill NJ 08003-1938  
 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 ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600991**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Aniello Scotti Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Three Pond Rd.  
 City State Zip Code  
 Smithtown NY 11787-1830  
 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  
 12 / 23 / 2012  
**Transaction ID : 20607976**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Liana G. Seldin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Meridian Ave. #10  
 City State Zip Code  
 Miami Beach FL 33139-8713  
 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  
 12 / 23 / 2012  
**Transaction ID : 20607977**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Georgina A. Asante</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 25 / 2012
Mailing Address 1900 10th Ave. #305		<b>Transaction ID : 20607999</b>
City Columbus	State GA	Zip Code 31901-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
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 ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph Christopher Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 25 / 2012
Mailing Address 654 Philadelphia Ave.		<b>Transaction ID : 20608000</b>
City Shillington	State PA	Zip Code 19607-2769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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>C. Dr. William R. Todd</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2012
Mailing Address 70 Rock Rd.		<b>Transaction ID : 20608015</b>
City Kentfield	State CA	Zip Code 94904-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	95.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 32
	<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) <b>A. Dr. Jared T. Clifford</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : 20608681</b>
Mailing Address 1019 6th St.		Amount of Each Receipt this Period 20.00
City Prosser	State WA	Zip Code 99350-1406
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer Mt. Adams Surgical Associates	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>B. Dr. Kirk Eliel Woelffer</b>		Date of Receipt 12 / 28 / 2012 <b>Transaction ID : 20609022</b>
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 ▼ 300.00
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>C. Dr. Edward F. Cosentino</b>		Date of Receipt 12 / 21 / 2012 <b>Transaction ID : 20617946</b>
Mailing Address 3087 Olde Winter Trl.		Amount of Each Receipt this Period 300.00
City Poland	State OH	Zip Code 44514-2871
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 32
	<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 L. Hilliard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14023 110th Ave. E.  
 City Puyallup State WA Zip Code 98374-3320  
 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  
 12 / 24 / 2012  
**Transaction ID : 20617950**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. William N. Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 496 Hampton Cir.  
 City Shakopee State MN Zip Code 55379-8979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Foot & Ankle Specialists  
 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  
 12 / 24 / 2012  
**Transaction ID : 20617951**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Steven E. Damon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 399 N. Main St.  
 City Suffield State CT Zip Code 06078-1839  
 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 ▼ 1053.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : 20617957**  
 Amount of Each Receipt this Period  
 903.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1453.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 32
	<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. Gregory L. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Paseo Del Ocaso

City La Jolla State CA Zip Code 92037-3232

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20617961**

Amount of Each Receipt this Period  
300.00

**B. Dr. Rudolf W. Cisco**  
Full Name (Last, First, Middle Initial)

Mailing Address 3739 Timber Walk Dr.

City Gainesville State GA Zip Code 30506-3666

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : 20621377**

Amount of Each Receipt this Period  
300.00

**C. Dr. David R. Sterling**  
Full Name (Last, First, Middle Initial)

Mailing Address 6559 Avila Valley Dr.

City San Luis Obispo State CA Zip Code 93405-8092

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : 20621380**

Amount of Each Receipt this Period  
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 32
	<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. Sean Paul Schwarzentraub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10602 Salem Ave.  
 City Lubbock State TX Zip Code 79424-7407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schwarzentraub Foot Clinic 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  
 12 / 31 / 2012  
**Transaction ID : 20622004**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael J. Marcus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 Goldenrod Ave.  
 City Corona Del Mar State CA Zip Code 92625-2913  
 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  
 12 / 31 / 2012  
**Transaction ID : 20623671**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Gary N. Friedlander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4515 E. Adobe Dr.  
 City Phoenix State AZ Zip Code 85050-6829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AZ Pod. Medicine Program At Midwestern 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  
 12 / 31 / 2012  
**Transaction ID : 20623672**  
 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 31 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. John J. Clarke**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Hayes Ave.

City State Zip Code  
Fremont OH 43420-2755

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  
12 / 31 / 2012

**Transaction ID : 20623673**

Amount of Each Receipt this Period  
300.00

**B. Dr. Richard E. Ehle**  
Full Name (Last, First, Middle Initial)

Mailing Address 61 Black Walnut Ln.

City State Zip Code  
Burlington CT 06013-2205

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

Name of Employer Occupation  
CT Foot Care Centers 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  
12 / 31 / 2012

**Transaction ID : 20626176**

Amount of Each Receipt this Period  
500.00

**C. Dr. Alan M. Singer**  
Full Name (Last, First, Middle Initial)

Mailing Address 25955 Wellington Ct.

City State Zip Code  
Calabasas CA 91302-3124

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  
12 / 31 / 2012

**Transaction ID : 20665834**

Amount of Each Receipt this Period  
300.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Terrence Klamet**

Mailing Address 1849 Shiloh Valley Dr.

City Chesterfield State MO Zip Code 63005-8420

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  
**12 / 31 / 2012**

**Transaction ID : 20666038**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>17320.00</b>