

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road
Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013

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

Type or Print Name of Treasurer Dr. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		240465.66
(b) Cash on Hand at Beginning of Reporting Period.....	433804.66	
(c) Total Receipts (from Line 19)	30030.99	251129.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	463835.65	491595.65
7. Total Disbursements (from Line 31).....	120.00	27780.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	463715.65	463815.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 04 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20408.00	179388.00
(ii) Unitemized	9622.99	70741.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30030.99	250129.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30030.99	250129.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
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))..... ▶	30030.99	251129.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30030.99	251129.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	27500.00
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	120.00	280.00
(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)).....	120.00	280.00
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)) ..	120.00	27780.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120.00	27780.00

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)	30030.99	250129.99
34. Total Contribution Refunds (from Line 28(d))	120.00	280.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29910.99	249849.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Leonard Portnoy		Date of Receipt MM / DD / YYYY 04 / 04 / 2013 Transaction ID : 20830292
Mailing Address 840 Davisville Rd.		Amount of Each Receipt this Period 250.00
City Warminster	State PA	Zip Code 18974-3020
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce G. Fawcett		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 Transaction ID : 20830299
Mailing Address 1302 Mayfair Rd.		Amount of Each Receipt this Period 300.00
City Raleigh	State NC	Zip Code 27608-1940
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. William H. Dabdoub		Date of Receipt MM / DD / YYYY 04 / 06 / 2013 Transaction ID : 20831727
Mailing Address 100 Ayshire Ct.		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

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 7 OF 27
	<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. Joel Scott Segalman
Full Name (Last, First, Middle Initial)

Mailing Address 10 Neds Ln.

City Ridgefield State CT Zip Code 06877-1309

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

Name of Employer Chase Parkway Podiatry Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 08 / 2013
Transaction ID : 20833101

Amount of Each Receipt this Period
300.00

B. Dr. Benedict C. Valentine II
Full Name (Last, First, Middle Initial)

Mailing Address 206 Coldbrook Rd.

City South Glastonbury State CT Zip Code 06073-2703

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

Name of Employer Comprehensive Foot Care, LLC Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 08 / 2013
Transaction ID : 20833102

Amount of Each Receipt this Period
250.00

C. Dr. Betty M. Carreira
Full Name (Last, First, Middle Initial)

Mailing Address 21A Purcell Dr.

City Danbury State CT Zip Code 06810-7024

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
04 / 08 / 2013
Transaction ID : 20833103

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<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. Gordon E. Fosdick		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833104
Mailing Address 307 Cherry Hill Rd.		Amount of Each Receipt this Period 300.00
City Middlefield	State CT	Zip Code 06455-1238
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert E. Marra		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833105
Mailing Address 90 Crystal Springs Dr.		Amount of Each Receipt this Period 500.00
City Tolland	State CT	Zip Code 06084-2029
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. John P. Dahdah		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2013 Transaction ID : 20833682
Mailing Address 2228 Detweiler Rd.		Amount of Each Receipt this Period 250.00
City Pottstown	State PA	Zip Code 19464-1525
FEC ID number of contributing federal political committee. C		
Name of Employer Foot & Ankle Health Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<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. Craig S. Schein
Full Name (Last, First, Middle Initial)

Mailing Address 4573 Bayley Hazen Rd.

City Peacham	State VT	Zip Code 05862
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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
04	/	10	/	2013

Transaction ID : 20834522

Amount of Each Receipt this Period
300.00

B. Dr. Hal Ornstein
Full Name (Last, First, Middle Initial)

Mailing Address 5 Amanda Ln.

City Howell	State NJ	Zip Code 07731-8941
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2013

Transaction ID : 20834525

Amount of Each Receipt this Period
1008.00

C. Dr. Gad N. Flaumenhaft
Full Name (Last, First, Middle Initial)

Mailing Address 1825 Box Elder Ct.

City Indianapolis	State IN	Zip Code 46260-1507
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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
04	/	12	/	2013

Transaction ID : 20835301

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1608.00
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 27
	<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. Bruce M. Jacob
Full Name (Last, First, Middle Initial)

Mailing Address 4319 Foxpointe Dr.

City West Bloomfield State MI Zip Code 48323-2615

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
04 / 15 / 2013
Transaction ID : 20835418

Amount of Each Receipt this Period
100.00

B. Dr. W. Joseph Schoepner
Full Name (Last, First, Middle Initial)

Mailing Address 3322 Perrydale St. N.W.

City Uniontown State OH Zip Code 44685-6812

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
04 / 11 / 2013
Transaction ID : 20845085

Amount of Each Receipt this Period
300.00

C. Dr. David A. Kutlick
Full Name (Last, First, Middle Initial)

Mailing Address 3806 Sugarbush Dr.

City Canfield State OH Zip Code 44406-8136

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

Name of Employer Foot Care Associates Inc. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 11 / 2013
Transaction ID : 20845086

Amount of Each Receipt this Period
300.00

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 27
	<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

Full Name (Last, First, Middle Initial) A. Dr. Paul Davis Brooks		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 Transaction ID : 20846134
Mailing Address 56 Blithewood Dr.		Amount of Each Receipt this Period 150.00
City Pensacola	State FL	Zip Code 32514-8193
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Kristin K. Titko		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 Transaction ID : 20846135
Mailing Address 13 Saint Edmunds Place Dr.		Amount of Each Receipt this Period 1000.00
City Cincinnati	State OH	Zip Code 45246-4727
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatry of Hamilton	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Neil R. Kelley		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 Transaction ID : 20846138
Mailing Address 1730 Main St.		Amount of Each Receipt this Period 300.00
City Fortuna	State CA	Zip Code 95540-2451
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	

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 27
	<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. Devang C. Patel
Full Name (Last, First, Middle Initial)

Mailing Address 761 Main Ave.

City Norwalk State CT Zip Code 06851-1080

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
04 / 18 / 2013
Transaction ID : 20846502

Amount of Each Receipt this Period
1000.00

B. Dr. Bradley Don Beasley
Full Name (Last, First, Middle Initial)

Mailing Address 1705 W. Montpelier St.

City Broken Arrow State OK Zip Code 74012-8597

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

Name of Employer Restoration Foot & Ankle, PLLC Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 18 / 2013
Transaction ID : 20846503

Amount of Each Receipt this Period
300.00

C. Dr. Jonathan J. Lubitz
Full Name (Last, First, Middle Initial)

Mailing Address 3 Indian River Ave. #601

City Titusville State FL Zip Code 32796-5820

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
04 / 18 / 2013
Transaction ID : 20846505

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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 27
	<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. Jeffrey Frederick		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2013 Transaction ID : 20847207
Mailing Address 30005 Forest Dr.		Amount of Each Receipt this Period 100.00
City Franklin	State MI	
Zip Code 48025-1580		Aggregate Year-to-Date ▼ 400.00
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. Mitchell Drexler		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20848538
Mailing Address 3553 Buena Rd.		Amount of Each Receipt this Period 300.00
City Highland Park	State IL	
Zip Code 60035-1003		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) C. Dr. Robert J. Warkala		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2013 Transaction ID : 20848545
Mailing Address 59 Harrowgate Dr.		Amount of Each Receipt this Period 100.00
City Cherry Hill	State NJ	
Zip Code 08003-1938		Aggregate Year-to-Date ▼ 400.00
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) ▼

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 14 OF 27
	<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. David G. Edwards		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 Transaction ID : 20848570
Mailing Address 1651 Saddle Hill Dr.		Amount of Each Receipt this Period 90.00
City Logan	State UT	
Zip Code 84321-4828		Aggregate Year-to-Date ▼ 270.00
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. Jane E. Graebner		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 Transaction ID : 20848587
Mailing Address 4351 Fry Rd.		Amount of Each Receipt this Period 300.00
City Ostrander	State OH	
Zip Code 43061-9449		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) C. Dr. Howard A. Stone		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 Transaction ID : 20848588
Mailing Address N. Shore Podiatry Group 2501 Compass Rd. #120		Amount of Each Receipt this Period 300.00
City Glenview	State IL	
Zip Code 60026-8000		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer N. Shore Podiatry Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David J. Unger
Full Name (Last, First, Middle Initial)

Mailing Address 41 Uplands Way

City Glastonbury State CT Zip Code 06033-3358

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
04 / 19 / 2013
Transaction ID : 20848590

Amount of Each Receipt this Period
250.00

B. Dr. Donald P. Heilala
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2218

City Kingsford State MI Zip Code 49802-2218

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
04 / 19 / 2013
Transaction ID : 20848591

Amount of Each Receipt this Period
250.00

C. Dr. Michael W. Ward
Full Name (Last, First, Middle Initial)

Mailing Address 1951 S. Grandview Ave.

City Dubuque State IA Zip Code 52003-7922

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

Name of Employer Dubuque Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 19 / 2013
Transaction ID : 20848592

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. William Scott Newcomb		Date of Receipt
Mailing Address 318 Spalding Rd.		M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013
City	State	Zip Code
Wilmington	DE	19803-2422
FEC ID number of contributing federal political committee.	Transaction ID : 20848675	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
Brandywine Podiatry	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Harry A. Kezelian		Date of Receipt
Mailing Address 619 Overhill Rd.		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2013
City	State	Zip Code
Bloomfield Hills	MI	48301-2569
FEC ID number of contributing federal political committee.	Transaction ID : 20849004	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kathleen Toepp Neuhoff		Date of Receipt
Mailing Address 21730 Roosevelt Rd.		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2013
City	State	Zip Code
South Bend	IN	46614-9259
FEC ID number of contributing federal political committee.	Transaction ID : 20849005	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
Family Footcare Clinic	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	600.00	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<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. Jeffrey A. Crowhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Forest Park Pl.
 City Ottawa State IL Zip Code 61350-1124
 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 **04 / 20 / 2013**
Transaction ID : 20849006
 Amount of Each Receipt this Period **300.00**

B. Dr. Heather Hall Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4855 Village Creek Dr.
 City Dunwoody State GA Zip Code 30338-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : 20849009
 Amount of Each Receipt this Period **300.00**

C. Dr. Roland A. Tolliver Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2618 Bayberry Ct.
 City Freeport State IL Zip Code 61032-9220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freeport Podiatry Services Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : 20849010
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<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. Edward A. Schulz
Full Name (Last, First, Middle Initial)

Mailing Address 1613 Virginia Ave.

City Libertyville	State IL	Zip Code 60048-4447
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mundelein Foot & Ankle Center	Occupation Podiatric Physician
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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
04	/	20	/	2013

Transaction ID : 20849011

Amount of Each Receipt this Period
500.00

B. Dr. Suha F. Kassab
Full Name (Last, First, Middle Initial)

Mailing Address 1820 Huntingwood Ln.

City Bloomfield Hills	State MI	Zip Code 48304-2312
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

Transaction ID : 20849014

Amount of Each Receipt this Period
300.00

C. Dr. Steven N. Rembos
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Highland Ave. #102

City Downers Grove	State IL	Zip Code 60515-1559
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

Transaction ID : 20849016

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. David P. Sheldon		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20849018
Mailing Address 4001 W. Royal Dr.		Amount of Each Receipt this Period 500.00
City Traverse City	State MI	Zip Code 49684-8965
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Martha A. Jackson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20849033
Mailing Address 1305 N. Pointe Ln.		Amount of Each Receipt this Period 500.00
City North Little Rock	State AR	Zip Code 72118-2367
FEC ID number of contributing federal political committee. C		
Name of Employer Crestwood Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrew J. Schneider		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 20849055
Mailing Address 4326 Sarong Dr.		Amount of Each Receipt this Period 85.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
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 27
	<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. Elizabeth G. Tice
Full Name (Last, First, Middle Initial)

Mailing Address 101 Windsor Ct.

City Ridgeland	State MS	Zip Code 39157-8741
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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
04	/	22	/	2013

Transaction ID : 20849075

Amount of Each Receipt this Period

300.00

B. Dr. Shelley Lynn Hogue
Full Name (Last, First, Middle Initial)

Mailing Address 12455 E. 100th St. N. #290

City Owasso	State OK	Zip Code 74055-4675
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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
04	/	22	/	2013

Transaction ID : 20849076

Amount of Each Receipt this Period

300.00

C. Dr. Harvey S. Karp
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Woodlane Dr.

City West Deptford	State NJ	Zip Code 08093-1727
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 20849189

Amount of Each Receipt this Period

500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Syed Khalid Husain		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2013 Transaction ID : 20849190
Mailing Address 11 McGlashey Dr.		Amount of Each Receipt this Period 300.00
City South Barrington	State IL	Zip Code 60010-7108
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Foot & Ankle Clinics	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Zahid A. Ladha		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 20852235
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		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Jondelle B. Jenkins		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 20852263
Mailing Address J.B. Jenkins & Associates 1706 E. 87th St.		Amount of Each Receipt this Period 625.00
City Chicago	State IL	Zip Code 60617-2740
FEC ID number of contributing federal political committee. C		
Name of Employer J.B. Jenkins & Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
	<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

Full Name (Last, First, Middle Initial) A. Dr. James H. McClain		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 20853216
Mailing Address 68689 Vinewood Ave.		Amount of Each Receipt this Period 250.00
City Sturgis	State MI	Zip Code 49091-2374
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jack A. Koch		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 20853273
Mailing Address 2937 Cardamon Ln.		Amount of Each Receipt this Period 500.00
City Fullerton	State CA	Zip Code 92835-4307
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael B. Thompson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2013 Transaction ID : 20853358
Mailing Address 201 68th Pl.		Amount of Each Receipt this Period 125.00
City Kenosha	State WI	Zip Code 53143-5137
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27
	<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. Mackie J. Walker Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Lake Murray Dr.
 City North Augusta State SC Zip Code 29841-8654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Pod. Med. Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 04 / 28 / 2013
Transaction ID : 20853373
 Amount of Each Receipt this Period
 125.00

B. Dr. Scott E. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Specialists, PC
 1060 N. Monroe St.
 City Monroe State MI Zip Code 48162-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 04 / 27 / 2013
Transaction ID : 20853448
 Amount of Each Receipt this Period
 250.00

C. Dr. Lisa G. Reinicke
 Full Name (Last, First, Middle Initial)
 Mailing Address 1041 Summerhill Dr.
 City Janesville State WI Zip Code 53546-3728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beloit Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 04 / 29 / 2013
Transaction ID : 20854660
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 27
	(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. Laura J. Pickard
 Full Name (Last, First, Middle Initial)
 Mailing Address Norridge Foot Clinic
 7325 W. Irving Park Rd.
 City Chicago State IL Zip Code 60634-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norridge Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 20854664
 Amount of Each Receipt this Period
 150.00

B. Dr. Bryan James Prukop
 Full Name (Last, First, Middle Initial)
 Mailing Address Complete Family Foot Care
 812 Lindberg Ave.
 City McAllen State TX Zip Code 78501-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Complete Family Foot Care 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
 04 / 30 / 2013
Transaction ID : 20854699
 Amount of Each Receipt this Period
 500.00

c. Dr. Lesley S. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 Ritchie Ave.
 City Cincinnati State OH Zip Code 45215-2035
 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
 04 / 30 / 2013
Transaction ID : 20880820
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 27
	<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. Marc D. Lenet
Full Name (Last, First, Middle Initial)

Mailing Address 1 Shaded Glen Ct.

City Owings Mills State MD Zip Code 21117-3048

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 **04 / 30 / 2013**

Transaction ID : 20883543

Amount of Each Receipt this Period **250.00**

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

Mailing Address 4590 Bohemia Dr.

City Pensacola State FL Zip Code 32504-8560

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **04 / 08 / 2013**

Transaction ID : 20902293

Amount of Each Receipt this Period **0.00**

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$150.00

C. Dr. Michael K. Zuri
Full Name (Last, First, Middle Initial)

Mailing Address 9117A S.W. 20th Ct.

City Davie State FL Zip Code 33324-5074

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

Name of Employer Westside Regional Medical Center Occupation Podiatric Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **04 / 12 / 2013**

Transaction ID : 20902294

Amount of Each Receipt this Period **0.00**

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$20.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	20408.00

