

**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.....	334723.66	
(c) Total Receipts (from Line 19)	59364.00	153622.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	394087.66	394087.66
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	394087.66	394087.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / 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).....	35879.00	102757.00
(ii) Unitemized	23485.00	50865.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	59364.00	153622.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	59364.00	153622.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	59364.00	153622.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59364.00	153622.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	59364.00	153622.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59364.00	153622.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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

A. Dr. Brenna Leigh Steinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 21511 Sun Garden Ct.
 City Germantown State MD Zip Code 20876-6941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2013**
Transaction ID : 20689502
 Amount of Each Receipt this Period **250.00**

B. Dr. Michael James Chin
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 N. Racine Ave. #501
 City Chicago State IL Zip Code 60607-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windy City Foot & Ankle Physicians Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2013**
Transaction ID : 20689503
 Amount of Each Receipt this Period **250.00**

C. Dr. Matthew G. Garoufalis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1933 Hansom Ct.
 City Naperville State IL Zip Code 60565-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 20691981
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Martin Clayton Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Hillside Rd.
 City Cumberland State RI Zip Code 02864-3206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin C. Harris & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 20711210
 Amount of Each Receipt this Period
300.00

B. Dr. David J. Golden
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 Reservoir Rd.
 City Coventry State RI Zip Code 02816-6409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 20711212
 Amount of Each Receipt this Period
300.00

C. Dr. Robert R. Bier
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Monica Dr.
 City Edison State NJ Zip Code 08820-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 20711213
 Amount of Each Receipt this Period
300.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Andre M. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Millport St.
 City Port Charlotte State FL Zip Code 33948-7754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Centers of Charlotte Coun Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 20711214
 Amount of Each Receipt this Period
 300.00

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

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

C. Dr. John E. Morehead
 Full Name (Last, First, Middle Initial)
 Mailing Address 2449 E. 73rd Pl.
 City Tulsa State OK Zip Code 74136-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 20712463
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Leslie G. Levy
Full Name (Last, First, Middle Initial)

Mailing Address 23501 Cinema Dr. #209

City Valencia State CA Zip Code 91355-5430

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2013
Transaction ID : 20712464

Amount of Each Receipt this Period 500.00

B. Dr. Scott Frederick Jorgensen
Full Name (Last, First, Middle Initial)

Mailing Address 6917 Dawson Ln.

City Edina State MN Zip Code 55435-1601

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2013
Transaction ID : 20712465

Amount of Each Receipt this Period 500.00

C. Dr. Alan J. Discont
Full Name (Last, First, Middle Initial)

Mailing Address 8880 E Withersfield Rd.

City Scottsdale State AZ Zip Code 85260-5009

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

Name of Employer Family Foot & Ankle Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2013
Transaction ID : 20712466

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Kirk W. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 44 Monroe Dr.

City Chambersburg State PA Zip Code 17201-7914

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 04 / 2013
Transaction ID : 20712467

Amount of Each Receipt this Period
300.00

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

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

City Raleigh State NC Zip Code 27615-3546

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

Name of Employer Carolina Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Amount of Each Receipt this Period
300.00

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

Mailing Address 745 McClintock Dr. #340

City Burr Ridge State IL Zip Code 60527-0853

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

Name of Employer Illinois Podiatric Medical Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Eugene R. Kubitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3918 Deerpath Dr.
 City Sandusky State OH Zip Code 44870-6084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 20712470
 Amount of Each Receipt this Period
 300.00

B. Dr. Scott E. Rickoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 4590 Bohemia Dr.
 City Pensacola State FL Zip Code 32504-8560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 20712486
 Amount of Each Receipt this Period
 100.00

C. Dr. Robert Paul Dunne
 Full Name (Last, First, Middle Initial)
 Mailing Address 763 Loggerhead Island Way
 City Satellite Beach State FL Zip Code 32937-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Lake Washington Foot & Ankle Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 20715536
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Christopher Joseph Gauland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3009 Rolston Rd.
 City Greenville State NC Zip Code 27858-6254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Carolina Foot & Ankle Speciali Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 20715537
 Amount of Each Receipt this Period
 500.00

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

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

C. Dr. Karen F. Sanicola
 Full Name (Last, First, Middle Initial)
 Mailing Address 19511 Spring Valley Dr.
 City Hagerstown State MD Zip Code 21742-2411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

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

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

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

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

A. Dr. Kevin Jay Larsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Ponderosa Dr.
 City Grand Island State NE Zip Code 68803-9673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand Island Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 20715545
 Amount of Each Receipt this Period
 250.00

B. Dr. Maureen L. Crotty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4734 S. Yorktown Pl.
 City Tulsa State OK Zip Code 74105-4931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green Country Podiatry Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 20715608
 Amount of Each Receipt this Period
 500.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1975.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Christian J. Wunderlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1934 Drexel Hill Ct.
 City State Zip Code
 Des Peres MO 63131-3647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kirkwood Podiatry, Inc. Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<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. Kenneth E. Jacoby
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 N. 916 Middlecreek Ln.
 City Saint Charles State IL Zip Code 60175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elgin Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 20715939
 Amount of Each Receipt this Period
 300.00

B. Dr. Brent Martin Harwood
 Full Name (Last, First, Middle Initial)
 Mailing Address Southeast Podiatry 23937 U.S. Hwy. 98 #1
 City Fairhope State AL Zip Code 36532-3353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 20715942
 Amount of Each Receipt this Period
 500.00

C. Dr. Kevan R. Kreitman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Pierce St.
 City Birmingham State MI Zip Code 48009-1773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shores Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 20715943
 Amount of Each Receipt this Period
 1000.00

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

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

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

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

A. Dr. Bart D. Beaver
Full Name (Last, First, Middle Initial)

Mailing Address 11043 S. Homan Ave.

City Chicago State IL Zip Code 60655-2719

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20715945

Amount of Each Receipt this Period 301.00

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

Mailing Address 302 Brownwood Estate

City Fort Smith State AR Zip Code 72916-4029

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

Name of Employer Foot Health Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2013
Transaction ID : 20718890

Amount of Each Receipt this Period 1000.00

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

Mailing Address 3 Eagle Shore Dr.

City Conway State AR Zip Code 72032-2204

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

Name of Employer Ferdowsian Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2013
Transaction ID : 20718891

Amount of Each Receipt this Period 500.00

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

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

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

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

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

A. Dr. James W. Stavosky
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Vancouver Ave.

City Burlingame State CA Zip Code 94010-5669

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20718892

Amount of Each Receipt this Period 300.00

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

Mailing Address 13337 E. South St. #325

City Cerritos State CA Zip Code 90703-7308

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 08 / 2013
Transaction ID : 20718893

Amount of Each Receipt this Period 300.00

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

Mailing Address 1208 Wexford Downs Ln.

City Nashville State TN Zip Code 37211-6999

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 20718894

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Patrick B. Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 246 W. Woodstone Ct.
 City Baton Rouge State LA Zip Code 70808-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Clinic of Baton Rouge, IN Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 20718895
 Amount of Each Receipt this Period
 250.00

B. Benjamin J. Wallner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7512-H Snowpea Ct.
 City Alexandria State VA Zip Code 22306-2256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 20723694
 Amount of Each Receipt this Period
 300.00

C. Dr. Steven H. Glickman
 Full Name (Last, First, Middle Initial)
 Mailing Address 688 Landon St.
 City Birmingham State MI Zip Code 48009-3645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 20723890
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. L. Denise Highland
Full Name (Last, First, Middle Initial)

Mailing Address 21409 Kelly Rd. #200

City Eastpointe State MI Zip Code 48021-3264

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
02 / 15 / 2013
Transaction ID : 20723891

Amount of Each Receipt this Period
400.00

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

Mailing Address 29113 E. River Rd.

City Grosse Ile State MI Zip Code 48138-1940

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 15 / 2013
Transaction ID : 20723900

Amount of Each Receipt this Period
500.00

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

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

City Alpena State MI Zip Code 49707-1375

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

Name of Employer Lakeshore Foot & Ankle Centers
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Faith C. Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 Alt Monte Ave. N.E.
 City Albuquerque State NM Zip Code 87110-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S.W. Podiatry Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 20723935
 Amount of Each Receipt this Period
 500.00

B. Dr. Nathan D. Ivey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 Kalgan Rd. N.E.
 City Rio Rancho State NM Zip Code 87144-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Foot & Ankle Institute Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 20723937
 Amount of Each Receipt this Period
 300.00

C. Dr. Gerard J. Kerbleski
 Full Name (Last, First, Middle Initial)
 Mailing Address 10105 Florence Ave. N.E.
 City Albuquerque State NM Zip Code 87122-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 20723938
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Angela Lee Drury
 Full Name (Last, First, Middle Initial)
 Mailing Address 3209 Overcup Oak
 City Austin State TX Zip Code 78704-6034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2013
Transaction ID : 20724145
 Amount of Each Receipt this Period
300.00

B. Dr. R. Daniel Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clement Ln.
 City Orange State CT Zip Code 06477-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2013
Transaction ID : 20724157
 Amount of Each Receipt this Period
1000.00

C. Dr. Gerald W. Torgesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 896 Shirley Ln.
 City Boulder City State NV Zip Code 89005-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Surgical Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2013
Transaction ID : 20724164
 Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Eugene L. Nassif Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4095 Hickory Hill Ln. S.E.
 City Cedar Rapids State IA Zip Code 52403-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 16 / 2013**
Transaction ID : 20724166
 Amount of Each Receipt this Period **300.00**

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

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

C. Dr. Thomas S. Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 10812 S.E. 3rd St.
 City Midwest City State OK Zip Code 73130-5104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2013**
Transaction ID : 20732174
 Amount of Each Receipt this Period **500.00**

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

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

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

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

A. Dr. Douglas E. Stabile

Full Name (Last, First, Middle Initial)
Mailing Address Lake Ridge Foot & Ankle Center
1721 Financial Loop

City Lake Ridge State VA Zip Code 22192-2459

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

Name of Employer Lake Ridge Foot & Ankle Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2013
Transaction ID : 20732175

Amount of Each Receipt this Period
500.00

B. Dr. Lyle T. Modlin

Full Name (Last, First, Middle Initial)
Mailing Address 3708 Gateshead Dr.

City Annapolis State MD Zip Code 21403-5002

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2013
Transaction ID : 20732176

Amount of Each Receipt this Period
250.00

C. Dr. Frank S. Campo

Full Name (Last, First, Middle Initial)
Mailing Address N. End Foot Center
260 North St.

City Boston State MA Zip Code 02113-2106

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

Name of Employer N. End Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2013
Transaction ID : 20732178

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. Laura J. Pickard

Full Name (Last, First, Middle Initial)
Mailing Address Norridge Foot Clinic
7325 W. Irving Park Rd.

City Chicago State IL Zip Code 60634-3547

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

Name of Employer Norridge Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 20732179

Amount of Each Receipt this Period
500.00

B. Dr. Todd Damien O'Brien

Full Name (Last, First, Middle Initial)
Mailing Address 175 W. Broadway

City Lincoln State ME Zip Code 04457-4000

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

Name of Employer Health Access Network Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 20732292

Amount of Each Receipt this Period
500.00

C. Dr. David Allen Anderson

Full Name (Last, First, Middle Initial)
Mailing Address 41 Juniper Ln.

City Bridgeport State WV Zip Code 26330-9343

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

Name of Employer Family Foot Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 20732293

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. David L. Blumfield
Full Name (Last, First, Middle Initial)

Mailing Address 5215 Pine St.

City State Zip Code
Bellaire TX 77401-4820

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 19 / 2013
Transaction ID : 20732297

Amount of Each Receipt this Period
300.00

B. Dr. Jimmy L. Gregory
Full Name (Last, First, Middle Initial)

Mailing Address 3546 Covington Hwy. #C

City State Zip Code
Decatur GA 30032-1843

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 14 / 2013
Transaction ID : 20732298

Amount of Each Receipt this Period
300.00

C. Dr. Richard S. Weinbaum
Full Name (Last, First, Middle Initial)

Mailing Address 4214 Lupton Ct.

City State Zip Code
High Point NC 27262-8393

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

Name of Employer Occupation
Family Foot & Ankle Specialists Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 14 / 2013
Transaction ID : 20732299

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. Anthony Hugh Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Doubleday Rd.
 City Columbia State CT Zip Code 06237-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colchester Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : 20732326
 Amount of Each Receipt this Period
 350.00

B. Mr. Don M. Canada
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 Congress Ave. #200
 City Austin State TX Zip Code 78701-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Podiatric Medical Assn. Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : 20732327
 Amount of Each Receipt this Period
 500.00

C. Dr. Russell J. Barone
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Glen Crest Dr.
 City Arden State NC Zip Code 28704-3025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hellertown Family Foot Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : 20732328
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. Kenneth J. Passeri
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. San Mateo Dr. #212
 City San Mateo State CA Zip Code 94401-3843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : 20732329
 Amount of Each Receipt this Period
350.00

B. Dr. Zahid A. Ladha
 Full Name (Last, First, Middle Initial)
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

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

C. Dr. Jeffrey R. DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2611 Circle Dr.
 City Newport Beach State CA Zip Code 92663-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2013
Transaction ID : 20734706
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Sylvia Virbulis
Full Name (Last, First, Middle Initial)

Mailing Address Piedmont Foot & Ankle Care
316 S. Church St.

City Salisbury State NC Zip Code 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 16 / 2013
Transaction ID : 20734707

Amount of Each Receipt this Period 100.00

B. Dr. Lisa M. Schoene
Full Name (Last, First, Middle Initial)

Mailing Address 659 W. Wellington Ave. #3W

City Chicago State IL Zip Code 60657-5305

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

Name of Employer Gurnee Podiatry & Sports Medicine Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2013
Transaction ID : 20734973

Amount of Each Receipt this Period 500.00

C. Dr. Kim G. Gauntt
Full Name (Last, First, Middle Initial)

Mailing Address 16585 N.E. Fairview Dr.

City Dundee State OR Zip Code 97115-9108

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

Name of Employer Foot Health Center of Newberg Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2013
Transaction ID : 20734974

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

B. Dr. Dennis L. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Wedgewood Way
 City Scotch Plains State NJ Zip Code 07076-2727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 20734979
 Amount of Each Receipt this Period
 500.00

C. Dr. Kevin Holton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Jasmine Ct.
 City Saint Cloud State MN Zip Code 56301-9467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 20734981
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1303.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Joseph C. D'Amico
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W. 57th St.
 City New York State NY Zip Code 10019-3159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 22 / 2013**
Transaction ID : 20734987
 Amount of Each Receipt this Period **300.00**

B. Dr. John W. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 E. McCarty St.
 City Sandersville State GA Zip Code 31082-4777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 26 / 2013**
Transaction ID : 20735030
 Amount of Each Receipt this Period **300.00**

C. Dr. Angie Lynn Glynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 4343 N. 600 E.
 City Franklin State IN Zip Code 46131-7865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2013**
Transaction ID : 20764638
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Stephen E. Latter
 Full Name (Last, First, Middle Initial)
 Mailing Address 14915 Quail Pointe Ln.
 City Grass Valley State CA Zip Code 95945-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 20764639
 Amount of Each Receipt this Period
 300.00

B. Dr. Katherine Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address Bailey & Associates
 1307 Washington St. #100
 City Oregon State IL Zip Code 61061-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bailey & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 20764640
 Amount of Each Receipt this Period
 300.00

C. Dr. Michele Nicole Kurlanski
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Woodside Dr.
 City Cumberland Center State ME Zip Code 04021-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 20764641
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Glenn Dale McClendon			Date of Receipt
Mailing Address 500 S. Baridan St.			<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20764642
Conway	AR	72034-7741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Troy David Zimbelman			Date of Receipt
Mailing Address 121 E. Poplar St.			<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20764651
Prattville	AL	36066-3638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Raymond G. Cavaliere			Date of Receipt
Mailing Address 28 Cedar Ridge Ln.			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20764706
Dix Hills	NY	11746-7941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 34 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Paul Kinberg
Full Name (Last, First, Middle Initial)

Mailing Address 6023 Gentle Knoll Ln.

City Dallas State TX Zip Code 75248-2122

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Amount of Each Receipt this Period 1000.00

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

Mailing Address 8381 Navisota Dr.

City Lantana State TX Zip Code 76226-7344

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Amount of Each Receipt this Period 300.00

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

Mailing Address 4603 Island Dr.

City Midland State TX Zip Code 79707-1406

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Amount of Each Receipt this Period 1000.00

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