

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Dr. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="240465.66"/>	<input type="text" value="240465.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="394087.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67477.00"/>	<input type="text" value="221099.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="461564.66"/>	<input type="text" value="461564.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27660.00"/>	<input type="text" value="27660.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="433904.66"/>	<input type="text" value="433904.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	56223.00	158980.00
(ii) Unitemized	10254.00	61119.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66477.00	220099.00
(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)	66477.00	220099.00
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.....	1000.00	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))..... ▶	67477.00	221099.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67477.00	221099.00

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.....	27500.00	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	160.00	160.00
(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)).....	160.00	160.00
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)) ..	27660.00	27660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27660.00	27660.00

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)	66477.00	220099.00
34. Total Contribution Refunds (from Line 28(d))	160.00	160.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66317.00	219939.00
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: PAGE 6 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Richard Pat Mistretta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 Riverglen Dr.
 City Suwanee State GA Zip Code 30024-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Foot & Ankle 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
 03 / 05 / 2013
Transaction ID : 20768497
 Amount of Each Receipt this Period
 250.00

B. Dr. John F. Grady
 Full Name (Last, First, Middle Initial)
 Mailing Address 7605 Ridgewood Ln.
 City Burr Ridge State IL Zip Code 60527-8024
 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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 20768524
 Amount of Each Receipt this Period
 5000.00

C. Dr. Michael H. Theodoulou
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Puritan Dr.
 City Bedford State NH Zip Code 03110-6045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHAPO 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
 03 / 04 / 2013
Transaction ID : 20768526
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00
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 50
	<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. Gerald D. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6627 Apollo Rd.
 City West Linn State OR Zip Code 97068-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Clinic 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
 03 / 05 / 2013
Transaction ID : 20768739
 Amount of Each Receipt this Period
 1000.00

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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2013
Transaction ID : 20768790
 Amount of Each Receipt this Period
 150.00

C. Dr. Leslie Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5105 Sanibel Ct.
 City Plano State TX Zip Code 75093-2583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Hospital of Allen 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
 03 / 07 / 2013
Transaction ID : 20770071
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2150.00
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 50
	<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. Harvey D. Lederman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Biltmore Park
 City Bloomfield State CT Zip Code 06002-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W. Hartford Podiatry 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
 03 / 07 / 2013
Transaction ID : 20770422
 Amount of Each Receipt this Period
 300.00

B. Dr. Tracy L. Basso
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 Anderson Rd. #4
 City Davis State CA Zip Code 95616-3505
 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
 03 / 06 / 2013
Transaction ID : 20770423
 Amount of Each Receipt this Period
 300.00

C. Dr. George Michael Nassoor
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E. Lafayette St.
 City Easton State PA Zip Code 18042-1675
 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
 03 / 05 / 2013
Transaction ID : 20770424
 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 10 OF 50
	<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. Sharon Miller Root
Full Name (Last, First, Middle Initial)
Mailing Address 26 Hilltop Rd.
City Mendham State NJ Zip Code 07945-1236
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
M M / D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : 20772252
Amount of Each Receipt this Period
150.00

B. Dr. Sharon Miller Root
Full Name (Last, First, Middle Initial)
Mailing Address 26 Hilltop Rd.
City Mendham State NJ Zip Code 07945-1236
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
03 / 13 / 2013
Transaction ID : 20772253
Amount of Each Receipt this Period
150.00

C. Dr. Peter C. Paicos Jr.
Full Name (Last, First, Middle Initial)
Mailing Address Affiliates in Foot Care
100 Unicorn Park Dr. #3
City Woburn State MA Zip Code 01801-3339
FEC ID number of contributing federal political committee. **C**
Name of Employer Affiliates in Foot Care Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1053.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2013
Transaction ID : 20773702
Amount of Each Receipt this Period
1053.00

SUBTOTAL of Receipts This Page (optional).....	1353.00
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 50
	<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. Debra Mary Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address South Baldwin Podiatry
 1770 N. Alston St.
 City Foley State AL Zip Code 36535-2274
 Name of Employer S. Baldwin Podiatry, P.C. 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
 03 / 12 / 2013
Transaction ID : 20773703
 Amount of Each Receipt this Period
 500.00

B. Dr. Oliver S. Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address Baldwin Hills Foot & Ankle Center
 3756 Santa Rosalia Dr. #302
 City Los Angeles State CA Zip Code 90008-3606
 Name of Employer Baldwin Hills Foot & Ankle Center 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
 03 / 08 / 2013
Transaction ID : 20773704
 Amount of Each Receipt this Period
 300.00

C. Dr. Charles M. Cavicchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Greenwood Ln.
 City Lincoln State RI Zip Code 02865-4726
 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
 03 / 12 / 2013
Transaction ID : 20773705
 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 12 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Phillip E. Ward		Date of Receipt MM / DD / YYYY 03 / 14 / 2013 Transaction ID : 20773722
Mailing Address 2321 Timberlane Dr.		Amount of Each Receipt this Period 250.00
City Florence	State SC	Zip Code 29506-8338
FEC ID number of contributing federal political committee. C	Name of Employer Carolina Health Care	Occupation Podiatric Physician
Receipt For: <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. Jerauld D. Ferritto Jr.		Date of Receipt MM / DD / YYYY 03 / 16 / 2013 Transaction ID : 20777104
Mailing Address 2396 Club Rd.		Amount of Each Receipt this Period 500.00
City Upper Arlington	State OH	Zip Code 43221-4005
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. Patricia Nicholas		Date of Receipt MM / DD / YYYY 03 / 16 / 2013 Transaction ID : 20777105
Mailing Address 15 Arborvitae Ln.		Amount of Each Receipt this Period 300.00
City Miller Place	State NY	Zip Code 11764-3020
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 ▼ 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 13 OF 50
	<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 M. Schofield
 Full Name (Last, First, Middle Initial)
 Mailing Address 5816 Countrywood Dr.
 City Sarasota State FL Zip Code 34232-6001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chemung Country Medical Society Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 16 / 2013**
Transaction ID : 20777106
 Amount of Each Receipt this Period **300.00**

B. Dr. Kirk Geter
 Full Name (Last, First, Middle Initial)
 Mailing Address 11121 Lake Victoria Ln.
 City Bowie State MD Zip Code 20720-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard University College of Medicine Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 16 / 2013**
Transaction ID : 20777107
 Amount of Each Receipt this Period **500.00**

C. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1450.00**

Date of Receipt **03 / 16 / 2013**
Transaction ID : 20777108
 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 15 OF 50
	<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. Frederick Samuel Mechanik
 Full Name (Last, First, Middle Initial)
 Mailing Address 8428 Brook Valley Dr.
 City Fountain State CO Zip Code 80817-4095
 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
 03 / 16 / 2013
Transaction ID : 20777126
 Amount of Each Receipt this Period
 300.00

B. Dr. John M. DePalma
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Shawnee Ln.
 City Shamong State NJ Zip Code 08088-8973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burlington County Foot & Ankle Assoc.
 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
 03 / 16 / 2013
Transaction ID : 20777127
 Amount of Each Receipt this Period
 500.00

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 20777128
 Amount of Each Receipt this Period
 500.00

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 16 OF 50
	<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. Patrick A. McShane
Full Name (Last, First, Middle Initial)

Mailing Address 2605 S. Marlan Ave.

City Springfield State MO Zip Code 65804-3808

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
03 / 16 / 2013
Transaction ID : 20777129

Amount of Each Receipt this Period
1000.00

B. Dr. Karen L. Wrubel
Full Name (Last, First, Middle Initial)

Mailing Address 67 Albero Ct.

City Rancho Palos Verdes State CA Zip Code 90275-5383

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
03 / 16 / 2013
Transaction ID : 20777130

Amount of Each Receipt this Period
500.00

C. Dr. Loring J. Stead
Full Name (Last, First, Middle Initial)

Mailing Address 2727 Salem Rd. S.W.

City Rochester State MN Zip Code 55902-1306

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

Name of Employer Olmsted Medical Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777140

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 50
	<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. Bruce Gary Blank
Full Name (Last, First, Middle Initial)

Mailing Address 63728 Patch St.

City Stewartsville State OH Zip Code 43933-9631

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

Name of Employer Achilles Foot & Ankle Surgery Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777144

Amount of Each Receipt this Period 500.00

B. Dr. Patrick A. DeHeer
Full Name (Last, First, Middle Initial)

Mailing Address 3933 E. 191st St.

City Westfield State IN Zip Code 46062-9238

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

Name of Employer Hoosier Foot & Ankle Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777146

Amount of Each Receipt this Period 500.00

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 ▼ 300.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777148

Amount of Each Receipt this Period 50.00

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 18 OF 50
	<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. Donald R. Blum		Date of Receipt 03 / 17 / 2013 Transaction ID : 20777149
Mailing Address 6416 Wickerwood Dr.		Amount of Each Receipt this Period 300.00
City Dallas	State TX	Zip Code 75248-2901
FEC ID number of contributing federal political committee. C		
Name of Employer S.W. Podiatry Associates	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. Chester A. Nava Jr.		Date of Receipt 03 / 17 / 2013 Transaction ID : 20777150
Mailing Address 1130 Gilliland Rd.		Amount of Each Receipt this Period 300.00
City Louisville	State KY	Zip Code 40245-4034
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. Steven P. Brancheau		Date of Receipt 03 / 17 / 2013 Transaction ID : 20777151
Mailing Address 1871 Hwy. 69 S.		Amount of Each Receipt this Period 1000.00
City Greenville	State TX	Zip Code 75402-9029
FEC ID number of contributing federal political committee. C		
Name of Employer N. TX Family Foot Care Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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. Bich-Thuy Thi Vo
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 E. Breckinridge St.
 City Louisville State KY Zip Code 40203-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KY Foot & Ankle Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777152
 Amount of Each Receipt this Period 300.00

B. Dr. Nicholas J. Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 E. 13th Ave.
 City Spokane State WA Zip Code 99202-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777154
 Amount of Each Receipt this Period 300.00

C. Dr. Marc A. Borovoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6827 Minnow Pond Dr.
 City West Bloomfield State MI Zip Code 48322-2664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Podiatrists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777156
 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 20 OF 50
	<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. Barry M. Schulman
Full Name (Last, First, Middle Initial)

Mailing Address 7930 Diamondhead Dr.

City Ooltewah State TN Zip Code 37363-9783

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

Name of Employer My Foot Doctor Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777157

Amount of Each Receipt this Period 500.00

B. Dr. Alan L. Bass
Full Name (Last, First, Middle Initial)

Mailing Address 33 Bloomfield Rd.

City Manalapan State NJ Zip Code 07726-7907

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 03 / 17 / 2013
Transaction ID : 20777158

Amount of Each Receipt this Period 300.00

C. Dr. Alyssa Kay Stephenson
Full Name (Last, First, Middle Initial)

Mailing Address 1093 Spring Lake Dr.

City Fond Du Lac State WI Zip Code 54935-9726

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

Name of Employer Family Foot Clinics of WI Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20777162

Amount of Each Receipt this Period 500.00

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 22 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Barry E. Wesselowski		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777171
Mailing Address 2901 Majestic Dr.		Amount of Each Receipt this Period 500.00
City Independence	State KS	Zip Code 67301-1519
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) B. Dr. Ada V. Paolucci		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777172
Mailing Address Essington Podiatry Group 1960 Essington Rd. #103		Amount of Each Receipt this Period 500.00
City Joliet	State IL	Zip Code 60435-1628
FEC ID number of contributing federal political committee. C		
Name of Employer Essington Podiatry Group	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. Scott L. Shindler		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777173
Mailing Address 508 James Pl.		Amount of Each Receipt this Period 300.00
City Yankton	State SD	Zip Code 57078-1830
FEC ID number of contributing federal political committee. C		
Name of Employer Shindler Foot Clinic	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).....▶	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 23 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard S. Eisner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 20777174
Mailing Address 27 Horton St.		Amount of Each Receipt this Period 500.00
City Salem	State MA	Zip Code 01970-2847
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) B. Dr. David Stewart Liebow		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 20777175
Mailing Address 1202 Peaked Mountain Rd.		Amount of Each Receipt this Period 300.00
City Townshend	State VT	Zip Code 05353
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. Christopher S. Grandfield		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 20777176
Mailing Address 921E 650N		Amount of Each Receipt this Period 500.00
City Laporte	State IN	Zip Code 46350-8976
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	

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 24 OF 50
	<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. Lloyd S. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 65 Hartman Rd.

City Newton Center State MA Zip Code 02459-3035

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
03 / 17 / 2013
Transaction ID : 20777177

Amount of Each Receipt this Period
300.00

B. Dr. Christopher S. Seuferling
Full Name (Last, First, Middle Initial)

Mailing Address 730 N.W. 30th Ave.

City Camas State WA Zip Code 98607-8697

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

Name of Employer Mt. Tabor Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777178

Amount of Each Receipt this Period
300.00

C. Dr. Paul R. Glaser
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Shipwatch Dr.

City Wilmington State NC Zip Code 28412-3542

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
03 / 17 / 2013
Transaction ID : 20777179

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 25 OF 50
	<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. Mr. Derek Dalling
Full Name (Last, First, Middle Initial)

Mailing Address 1000 W. St. Joseph HWY. STE 200

City	State	Zip Code
Lansing	MI	48915-2552

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

Name of Employer	Occupation
Kindsvatter and Associates	Executive Director-AAPPM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777181

Amount of Each Receipt this Period

300.00

B. Dr. Richard Alexander Dellinger
Full Name (Last, First, Middle Initial)

Mailing Address 3 Athena Ct.

City	State	Zip Code
Little Rock	AR	72227-5905

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777183

Amount of Each Receipt this Period

1000.00

C. Mr. Richard Bloch
Full Name (Last, First, Middle Initial)

Mailing Address 7 Pinewood Farm Court

City	State	Zip Code
Owings Mills	MD	21117-2338

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

Name of Employer	Occupation
Maryland Podiatric Medical Assn.	Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777184

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 26 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. William J. Schlorff
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E. Central Ave.
 City Jersey Shore State PA Zip Code 17740-6979
 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 **03 / 17 / 2013**
Transaction ID : 20777185
 Amount of Each Receipt this Period **300.00**

B. Dr. Craig S. Friedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3734 Ashley Way
 City Owings Mills State MD Zip Code 21117-1400
 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 **03 / 17 / 2013**
Transaction ID : 20777186
 Amount of Each Receipt this Period **300.00**

C. Dr. Paul Z. Sheremeta
 Full Name (Last, First, Middle Initial)
 Mailing Address Capital Foot Specialists
 3761 Carman Rd.
 City Schenectady State NY Zip Code 12303-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 17 / 2013**
Transaction ID : 20777187
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Joseph P. Leonetti
Full Name (Last, First, Middle Initial)

Mailing Address 4045 E. Bell Rd. #121

City Phoenix State AZ Zip Code 85032-2238

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 03 / 17 / 2013
Transaction ID : 20777188

Amount of Each Receipt this Period 300.00

B. Dr. Lawrence A. Santi
Full Name (Last, First, Middle Initial)

Mailing Address 31 Mayflower Ave.

City Williston Park State NY Zip Code 11596-1517

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 03 / 17 / 2013
Transaction ID : 20777189

Amount of Each Receipt this Period 500.00

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

Mailing Address 1833 Lake Shore Dr.

City Columbus State OH Zip Code 43204-4964

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 03 / 17 / 2013
Transaction ID : 20777190

Amount of Each Receipt this Period 300.00

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 28 OF 50
	<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. Patricia A. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 201 Terre Coupe St.

City Buchanan State MI Zip Code 49107-1029

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
03 / 17 / 2013
Transaction ID : 20777191

Amount of Each Receipt this Period
300.00

B. Dr. Donald S. Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 80 Birch Brook Rd.

City Peekskill State NY Zip Code 10566

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 ▼ 225.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777192

Amount of Each Receipt this Period
225.00

C. Dr. Robert A. Russo
Full Name (Last, First, Middle Initial)

Mailing Address 106 Peck Rd.

City Hilton State NY Zip Code 14468-9354

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
03 / 17 / 2013
Transaction ID : 20777193

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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 50
	<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. Kathleen M. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 18807 N. 42nd Ave.
 City Glendale State AZ Zip Code 85308-7527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thunderbird Footcare 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
 03 / 17 / 2013
Transaction ID : 20777194
 Amount of Each Receipt this Period
 500.00

B. Dr. Kile W. Kinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3552 Carnoustie Dr.
 City Martinez State GA Zip Code 30907-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Foot & Ankle 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
 03 / 17 / 2013
Transaction ID : 20777195
 Amount of Each Receipt this Period
 300.00

C. Dr. Mark E. Pinker
 Full Name (Last, First, Middle Initial)
 Mailing Address Pinker & Associates
 47 Brookwood Ave.
 City Carlisle State PA Zip Code 17015-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinker & Associates 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
 03 / 17 / 2013
Transaction ID : 20777196
 Amount of Each Receipt this Period
 300.00

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 30 OF 50
	<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. Edwin S. Hart III
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Easton Ave.

City Bethlehem	State PA	Zip Code 18017-5009
-------------------	-------------	------------------------

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
03	/	17	/	2013

Transaction ID : 20777197

Amount of Each Receipt this Period

300.00

B. Dr. Jodie Noll Sengstock
Full Name (Last, First, Middle Initial)

Mailing Address 49450 Hudson Dr.

City Canton	State MI	Zip Code 48188-1979
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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 ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777198

Amount of Each Receipt this Period

300.00

C. Dr. Douglas K. Birch
Full Name (Last, First, Middle Initial)

Mailing Address 296 Liliuokalani St.

City Makawao	State HI	Zip Code 96768-8630
-----------------	-------------	------------------------

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

Name of Employer Aloha Family Footcare, LLC	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777200

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 50
	<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. Donald G. Hovancsek
Full Name (Last, First, Middle Initial)
Mailing Address 7520 Sandy Point Rd. N.E.
City Olympia State WA Zip Code 98516-9575
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 03 / 17 / 2013
Transaction ID : 20777205
Amount of Each Receipt this Period 300.00

B. Dr. Lisa Cornelius
Full Name (Last, First, Middle Initial)
Mailing Address 4226 S.W. Agate Ave.
City Corvallis State OR Zip Code 97333-1178
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 03 / 17 / 2013
Transaction ID : 20777208
Amount of Each Receipt this Period 750.00

C. Dr. Kerry Jay Sweet
Full Name (Last, First, Middle Initial)
Mailing Address 4501 68th Ave. W.
City University Place State WA Zip Code 98466-4919
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 03 / 17 / 2013
Transaction ID : 20777209
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶ 1350.00
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 50
	<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. Deborah Ketterer
Full Name (Last, First, Middle Initial)

Mailing Address 28229 149th Ave. S.E.

City Kent State WA Zip Code 98042-4551

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
03 / 18 / 2013
Transaction ID : 20783301

Amount of Each Receipt this Period
300.00

B. Dr. William F. Hineser
Full Name (Last, First, Middle Initial)

Mailing Address 11780 W. 66th Pl. #A

City Arvada State CO Zip Code 80004-2472

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
03 / 18 / 2013
Transaction ID : 20783302

Amount of Each Receipt this Period
150.00

C. Dr. Howard M. Gale
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Sweet Bay Cove

City Statesboro State GA Zip Code 30461-0598

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
03 / 18 / 2013
Transaction ID : 20783304

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 34 OF 50
	<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. Garry W. Neltner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 Hudnall Ln.
 City Edgewood State KY Zip Code 41017-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Care Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 20783305
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael Frank Kooyman
 Full Name (Last, First, Middle Initial)
 Mailing Address 429 Eternity St.
 City Las Vegas State NV Zip Code 89138-1566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Las Vegas Foot & Ankle Center 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
 03 / 18 / 2013
Transaction ID : 20783306
 Amount of Each Receipt this Period
 350.00

C. Dr. Robert Paul Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Blue Oak Dr.
 City Frisco State TX Zip Code 75033-7924
 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
 03 / 18 / 2013
Transaction ID : 20783309
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 35 OF 50
	<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. Lawrence B. Harkless
 Full Name (Last, First, Middle Initial)
 Mailing Address 3622 Emory Way
 City Pomona State CA Zip Code 91767-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Univ. of Health Sciences 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
 03 / 18 / 2013
Transaction ID : 20783311
 Amount of Each Receipt this Period
 500.00

B. Dr. Stephen D. Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 Poplar Ridge Rd.
 City Pasadena State MD Zip Code 21122-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Foot & Ankle Assoc. 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
 03 / 18 / 2013
Transaction ID : 20783315
 Amount of Each Receipt this Period
 300.00

C. Dr. Richard A. Altwerger
 Full Name (Last, First, Middle Initial)
 Mailing Address Village Medical Arts Complex
 77 Miller Rd. #202
 City Castleton On Hudson State NY Zip Code 12033-4040
 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
 03 / 18 / 2013
Transaction ID : 20783316
 Amount of Each Receipt this Period
 300.00

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 36 OF 50
	<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. Lindsay D. Barth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Hawthorne Blvd.
 City Saint Louis State MO Zip Code 63104-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tesson Ferry Foot & Ankle 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
 03 / 18 / 2013
Transaction ID : 20783317
 Amount of Each Receipt this Period
 500.00

B. Mr. Christian H. Kindsvatter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 W. St. Joseph #200
 City Lansing State MI Zip Code 48915-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Poldiatric Medical Associatio Occupation Executive Director
 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
 03 / 18 / 2013
Transaction ID : 20783319
 Amount of Each Receipt this Period
 1000.00

C. Dr. Eric R. Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4210 N. Virginia Rd.
 City Long Beach State CA Zip Code 90807-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Memorial Medical Center 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
 03 / 18 / 2013
Transaction ID : 20783320
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 37 OF 50
	<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. Harold B. Glickman
Full Name (Last, First, Middle Initial)

Mailing Address 11321 Berger Ter.

City Potomac State MD Zip Code 20854-2017

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 03 / 18 / 2013
Transaction ID : 20783329

Amount of Each Receipt this Period 500.00

B. Dr. Todd A. Harrison
Full Name (Last, First, Middle Initial)

Mailing Address 18819 Fountain Ter.

City Hagerstown State MD Zip Code 21742-2670

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 03 / 18 / 2013
Transaction ID : 20783330

Amount of Each Receipt this Period 300.00

C. Dr. Joseph A. Sciandra
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1126

City Amherst State NY Zip Code 14226-7126

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 03 / 18 / 2013
Transaction ID : 20783331

Amount of Each Receipt this Period 300.00

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 38 OF 50
	<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 ▼ 550.00

Date of Receipt
03 / 18 / 2013
Transaction ID : 20783332

Amount of Each Receipt this Period
100.00

B. 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 ▼ 250.00

Date of Receipt
03 / 18 / 2013
Transaction ID : 20783337

Amount of Each Receipt this Period
250.00

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

Mailing Address 30005 Forest Dr.

City Franklin State MI Zip Code 48025-1580

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 19 / 2013
Transaction ID : 20783350

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
	<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. Rusty Lee Cain		Date of Receipt
Mailing Address 824 8th St.		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Fairmont WV 26554-2561		Transaction ID : 20787369
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Doctors Foot Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Robert J. Warkala		Date of Receipt
Mailing Address 59 Harrowgate Dr.		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code Cherry Hill NJ 08003-1938		Transaction ID : 20790030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Carolyn E. McAloon		Date of Receipt
Mailing Address 700 Pradera Way		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code San Ramon CA 94583-5365		Transaction ID : 20791544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Bay Area Foot Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 40 OF 50
	<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. William Tarran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Seville Dr.
 City State Zip Code
 Pacifica CA 94044-3554
 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
 03 / 21 / 2013
Transaction ID : 20791547
 Amount of Each Receipt this Period
 300.00

B. Dr. Kenneth R. Meisler
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 W. End Ave. #8B
 City State Zip Code
 New York NY 10024-4933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20791557
 Amount of Each Receipt this Period
 150.00

C. Dr. Lee E. Firestone
 Full Name (Last, First, Middle Initial)
 Mailing Address DC Foot & Ankle
 2021 K St. N.W. #520
 City State Zip Code
 Washington DC 20006-1003
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20791576
 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 41 OF 50
	<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. Evelyn M. Cloud IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 8211 Mar Del Plata St. E.
 City Jacksonville State FL Zip Code 32256-7349
 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 **03 / 21 / 2013**
Transaction ID : 20791957
 Amount of Each Receipt this Period **500.00**

B. Dr. Andrew J. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 4326 Sarong Dr.
 City Houston State TX Zip Code 77096-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 23 / 2013**
Transaction ID : 20792044
 Amount of Each Receipt this Period **85.00**

C. 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 **750.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : 20792134
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **835.00**
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 42 OF 50
	<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. Mack Jay Groves IV		Date of Receipt 03 / 25 / 2013 Transaction ID : 20792203
Mailing Address 802 W. 10th Ave. #2		Amount of Each Receipt this Period 500.00
City Covington	State LA	Zip Code 70433-2314
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) B. Dr. Andrew C. Schink		Date of Receipt 03 / 17 / 2013 Transaction ID : 20792214
Mailing Address 1715 Cameo Dr.		Amount of Each Receipt this Period 10.00
City Eugene	State OR	Zip Code 97405-5897
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 ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Dr. Grace D. Pascual		Date of Receipt 03 / 17 / 2013 Transaction ID : 20792228
Mailing Address 86274 Alamihi St.		Amount of Each Receipt this Period 300.00
City Waianae	State HI	Zip Code 96792-2911
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 43 OF 50
	<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. Jonathan Bryan Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Shelby
 City New Iberia State LA Zip Code 70560-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Specialists of Acadiana 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
 03 / 25 / 2013
Transaction ID : 20792334
 Amount of Each Receipt this Period
 250.00

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
 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
 03 / 25 / 2013
Transaction ID : 20792337
 Amount of Each Receipt this Period
 300.00

C. Dr. Robert G. Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Windbreak Trl.
 City Houston State TX Zip Code 77079-4225
 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
 03 / 25 / 2013
Transaction ID : 20792346
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 44 OF 50
	<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. Animesh S. Bhatia
Full Name (Last, First, Middle Initial)

Mailing Address 4561 Neiswander Sq.

City New Albany State OH Zip Code 43054-9642

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 03 / 25 / 2013
Transaction ID : 20792365

Amount of Each Receipt this Period 250.00

B. Dr. Jane E. Andersen
Full Name (Last, First, Middle Initial)

Mailing Address 1906 N. Hawick Ct.

City Chapel Hill State NC Zip Code 27516-7738

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

Name of Employer Chapel Hill Foot & Ankle Assoc. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2013
Transaction ID : 20792410

Amount of Each Receipt this Period 300.00

C. Dr. Joseph H. Strickland
Full Name (Last, First, Middle Initial)

Mailing Address 2990 Longbrooke Way

City Clearwater State FL Zip Code 33760-1719

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 03 / 28 / 2013
Transaction ID : 20799277

Amount of Each Receipt this Period 100.00

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 45 OF 50
	<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. Christopher T. Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5343 Driftwood Dr.
 City Imperial State MO Zip Code 63052-4309
 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
 03 / 17 / 2013
Transaction ID : 20799350
 Amount of Each Receipt this Period
 500.00

B. Dr. Robert J. O'Leary
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Fieldstone Ln.
 City Weymouth State MA Zip Code 02189-1265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay State Foot Health Center 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
 03 / 28 / 2013
Transaction ID : 20800093
 Amount of Each Receipt this Period
 150.00

C. Doug Heatwole
 Full Name (Last, First, Middle Initial)
 Mailing Address 12051 Indian Creek Ct
 City Beltsville State MD Zip Code 20705-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 21765418
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 50
(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. Full Name (Last, First, Middle Initial)
Dr. Sharon Miller Root

Mailing Address 26 Hilltop Rd.

City Mendham State NJ Zip Code 07945-1236

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
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2013

Transaction ID : 21765419

Amount of Each Receipt this Period
0.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	56223.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 50
(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

Full Name (Last, First, Middle Initial)
A. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

FEC ID number of contributing federal political committee. **C** C00166827

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792451

Amount of Each Receipt this Period
1000.00

Retiring

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Brad Wenstrup

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

Transaction ID : 20799210

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Barrow

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Transaction ID : 20799213

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Barrow

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Transaction ID : 20799215

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

