

# 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="487904.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26211.50"/>	<input type="text" value="411680.49"/>
(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="514116.15"/>	<input type="text" value="652146.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13500.00"/>	<input type="text" value="151430.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="500616.15"/>	<input type="text" value="500716.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	14316.00	268744.00
(ii) Unitemized .....	11895.50	136936.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26211.50	405680.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	26211.50	405680.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	26211.50	411680.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26211.50	411680.49

**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.....	13500.00	150500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	930.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	930.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13500.00	151430.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	151430.00

**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) .....	26211.50	405680.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26211.50	404750.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dr. Theodore Andrew Buccilli Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4403 Clover Dr.

City Ravenna State OH Zip Code 44266-8636

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

Name of Employer NEO Foot & Ankle Surgical Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 01 / 2013**

**Transaction ID : 21159779**

Amount of Each Receipt this Period **100.00**

**B. Dr. Kelvin H. Nguyen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8672 Bermuda Ave.

City Westminster State CA Zip Code 92683-7260

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 **10 / 02 / 2013**

**Transaction ID : 21186926**

Amount of Each Receipt this Period **25.00**

**C. Dr. James Robert Shipley**  
Full Name (Last, First, Middle Initial)

Mailing Address 479 Laurelyn Dr.

City Mount Airy State NC Zip Code 27030-7486

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 **10 / 05 / 2013**

**Transaction ID : 21192290**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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	

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. 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 ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2013  
**Transaction ID : 21192295**

Amount of Each Receipt this Period  
150.00

**B. Dr. Jason L. Seiter**  
Full Name (Last, First, Middle Initial)

Mailing Address 6224 Gordon Ln.

City Fort Smith State AR Zip Code 72903-2633

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  
10 / 04 / 2013  
**Transaction ID : 21192475**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 190 Old Mill Rd.

City Fairfield State CT Zip Code 06824-4928

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  
10 / 03 / 2013  
**Transaction ID : 21192476**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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. Richard Chwastiak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 615 E. Broad St.  
City Tamaqua State PA Zip Code 18252-2206  
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  
10 / 03 / 2013  
**Transaction ID : 21192477**  
Amount of Each Receipt this Period  
250.00

**B. Dr. Mark Superstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 Woodbury Hwy.  
City Manchester State TN Zip Code 37355-1414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Middle TN Foot Associates  
Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2013  
**Transaction ID : 21192478**  
Amount of Each Receipt this Period  
250.00

**C. Dr. Fred Marino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1034 N. Highland Ave. #B  
City Murfreesboro State TN Zip Code 37130-2463  
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  
10 / 02 / 2013  
**Transaction ID : 21192727**  
Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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	

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. Brian D. Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1230 Old Hwy. 50-A  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Middle TN Foot & Ankle 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  
 10 / 02 / 2013  
**Transaction ID : 21192729**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Chad Eric Webster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5552 Gwynne Rd.  
 City Memphis State TN Zip Code 38120-2048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mid-South Foot & Ankle Specialists 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  
 10 / 02 / 2013  
**Transaction ID : 21192732**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Sanjay V. Patel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Care & Surgery, LLC  
 309 Seaside Ave. #202  
 City Milford State CT Zip Code 06460-4632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Care & Surgery, LLC 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  
 10 / 03 / 2013  
**Transaction ID : 21192978**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<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	

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. Sarah Lynn Mele**  
Full Name (Last, First, Middle Initial)

Mailing Address 2825 Mesa Rd.

City Rio Rancho State NM Zip Code 87124-7221

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  
10 / 03 / 2013  
**Transaction ID : 21192979**

Amount of Each Receipt this Period  
300.00

**B. Dr. Steven E. Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 22855 Sparrowdell Dr.

City Calabasas State CA Zip Code 91302-1820

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
10 / 08 / 2013  
**Transaction ID : 21193106**

Amount of Each Receipt this Period  
50.00

**C. Dr. Albert R. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 5714 Guava Dr.

City Tamarac State FL Zip Code 33319-3018

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
10 / 08 / 2013  
**Transaction ID : 21193392**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 30
	<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	

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. Paul L. Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1448 Canterbury Ln.

City State Zip Code  
Glenview IL 60025-2253

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

Name of Employer Occupation  
Glenbrook Podiatry 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  
10 / 02 / 2013  
**Transaction ID : 21193474**

Amount of Each Receipt this Period  
300.00

**B. Dr. S. Ronald Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Courleigh Pl.

City State Zip Code  
Reading PA 19606-2941

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

Name of Employer Occupation  
Berkshire Podiatry Center 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  
10 / 10 / 2013  
**Transaction ID : 21194096**

Amount of Each Receipt this Period  
500.00

**C. Dr. William S. Lynde**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 S. Lincoln Ave.

City State Zip Code  
Newtown PA 18940-2115

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

Name of Employer Occupation  
Newtown Podiatry 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  
10 / 10 / 2013  
**Transaction ID : 21194100**

Amount of Each Receipt this Period  
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<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. Keith A. Turlington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 Watson Rd. #2R  
 City State Zip Code  
 Crestwood MO 63126-1854  
 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  
 10 / 10 / 2013  
**Transaction ID : 21194101**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Dennis J. Chubinski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7147 Point Inverness Way  
 City State Zip Code  
 Fort Wayne IN 46804-7923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inverness Foot Clinic 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  
 10 / 10 / 2013  
**Transaction ID : 21194103**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Richard C. Galperin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14941 Oaks N. Dr.  
 City State Zip Code  
 Dallas TX 75254-7631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : 21194104**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<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	

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. Mark E. Reiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Abernathy Lake Cove

City Jonesboro State AR Zip Code 72404-8403

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
10 / 11 / 2013  
**Transaction ID : 21194388**

Amount of Each Receipt this Period  
500.00

**B. Dr. Bradford S. Legge**  
Full Name (Last, First, Middle Initial)

Mailing Address 13711 Blooming Orchid Dr.

City Fishers State IN Zip Code 46038

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

Name of Employer Podiatry Associates of Indiana Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 12 / 2013  
**Transaction ID : 21194913**

Amount of Each Receipt this Period  
300.00

**C. Dr. Larry S. Hotchkiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Harvard Ct.

City Rockville State MD Zip Code 20850-1148

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  
10 / 13 / 2013  
**Transaction ID : 21194914**

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 14 OF 30
	<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

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 L. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 Briana Dr.  
 City Springfield State IL Zip Code 62711-7951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Prairie Podiatry, L.L.C. 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  
 10 / 11 / 2013  
**Transaction ID : 21204975**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Bruce M. Jacob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4319 Foxpointe Dr.  
 City West Bloomfield State MI Zip Code 48323-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : 21205101**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Robert Frimmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3527 Palonia Ct.  
 City Sarasota State FL Zip Code 34239-5929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sarasota Footcare Center Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : 21205774**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<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
-----------------------------	-----------------------------	-----------------------------

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. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd. W.  
 City Tacoma State WA Zip Code 98499-8138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2013  
**Transaction ID : 21206113**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Bryan Calvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5661 S.W. 165th Ct.  
 City Miami State FL Zip Code 33193-4490  
 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 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2013  
**Transaction ID : 21206114**  
 Amount of Each Receipt this Period  
 30.00

**C. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 River Valley Rd.  
 City Little Rock State AR Zip Code 72227-1505  
 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  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : 21206393**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<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
-----------------------------	-----------------------------	-----------------------------

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. Martha J. Holzworth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3184 N. Greenleaf Cir.  
 City Boynton Beach State FL Zip Code 33426-8664  
 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 **228.00**

Date of Receipt  
 10 / 18 / 2013  
**Transaction ID : 21206396**  
 Amount of Each Receipt this Period  
**76.00**

**B. Dr. Joseph M. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Ocean View Dr.  
 City Signal Hill State CA Zip Code 90755-3778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt  
 10 / 18 / 2013  
**Transaction ID : 21206397**  
 Amount of Each Receipt this Period  
**60.00**

**C. Dr. Ryan K. Averett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 778 E. Northwood Ct.  
 City Hayden State ID Zip Code 83835-8117  
 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  
 10 / 16 / 2013  
**Transaction ID : 21208102**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>236.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John J. Mytych</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2013 <b>Transaction ID : 21208127</b>
Mailing Address 460 Maple Ln.		Amount of Each Receipt this Period 500.00
City Batavia	State IL	Zip Code 60510-1206
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>B. Dr. Trent R. Steenblock</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2013 <b>Transaction ID : 21208130</b>
Mailing Address 1817 Michigan Dr.		Amount of Each Receipt this Period 300.00
City Northfield	State MN	Zip Code 55057-4835
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Frederick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2013 <b>Transaction ID : 21208298</b>
Mailing Address 30005 Forest Dr.		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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. Michael L. Gerber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 474 Beverly Island Dr.  
 City Waterford State MI Zip Code 48328-3602  
 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 **10 / 20 / 2013**  
 Transaction ID : **21208301**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Robert J. Warkala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Harrowgate Dr.  
 City Cherry Hill State NJ Zip Code 08003-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 21 / 2013**  
 Transaction ID : **21208311**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Terri R. Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8405 Leawood Blvd.  
 City Little Rock State AR Zip Code 72205-1618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Little Rock Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2013**  
 Transaction ID : **21208378**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**  
**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 30
	<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	

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. Joseph S. Borreggine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 924 Hawthorne Drive  
 City Charleston State IL Zip Code 61920-8260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **950.00**

Date of Receipt **10 / 22 / 2013**  
**Transaction ID : 21208790**  
 Amount of Each Receipt this Period **125.00**

**B. Dr. David G. Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1651 Saddle Hill Dr.  
 City Logan State UT Zip Code 84321-4828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **810.00**

Date of Receipt **10 / 22 / 2013**  
**Transaction ID : 21208791**  
 Amount of Each Receipt this Period **90.00**

**C. Dr. Robin Lester Pastore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1323 Irving Ave.  
 City Wheaton State IL Zip Code 60187-3679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N.W. Suburban Podiatry Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 21 / 2013**  
**Transaction ID : 21208796**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **515.00**  
**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 30
	<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	

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. 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 ▼ 1000.00

Date of Receipt  
10 / 21 / 2013  
**Transaction ID : 21208812**

Amount of Each Receipt this Period  
500.00

**B. Dr. Miranda A. Goodale**  
Full Name (Last, First, Middle Initial)

Mailing Address 516 W. County Rd. 700 N.

City Brazil State IN Zip Code 47834

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  
10 / 21 / 2013  
**Transaction ID : 21208813**

Amount of Each Receipt this Period  
250.00

**c. Dr. Robert J. Lenfestey Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Birklands Dr.

City Cary State NC Zip Code 27518-8205

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

Name of Employer Piedmont Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
10 / 23 / 2013  
**Transaction ID : 21212858**

Amount of Each Receipt this Period  
100.00

**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 21 OF 30
	<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	

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. Jason W. Rockwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Autumn Light Pl.  
 City Santa Fe State NM Zip Code 87508-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 21212859**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Melissa Jomarie Lockwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 Beckenham Dr.  
 City Bloomington State IL Zip Code 61704-7629  
 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  
 10 / 23 / 2013  
**Transaction ID : 21212860**  
 Amount of Each Receipt this Period  
 75.00

**C. Dr. Benjamin W. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Central KS Podiatry Associates  
 2081 N. Webb Rd.  
 City Wichita State KS Zip Code 67206-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central KS Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 21212861**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dr. Aniello Scotti Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Three Pond Rd.

City Smithtown	State NY	Zip Code 11787-1830
-------------------	-------------	------------------------

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
10	/	23	/	2013

**Transaction ID : 21212862**

Amount of Each Receipt this Period  
250.00

**B. Dr. Liana G. Seldin**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Meridian Ave. #10

City Miami Beach	State FL	Zip Code 33139-8713
---------------------	-------------	------------------------

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
10	/	23	/	2013

**Transaction ID : 21212863**

Amount of Each Receipt this Period  
250.00

**C. 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 ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

**Transaction ID : 21212864**

Amount of Each Receipt this Period  
850.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<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	

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. William J. Tronvig**  
Full Name (Last, First, Middle Initial)

Mailing Address 1142 Grays Point Ln.

City Aberdeen State WA Zip Code 98520-1069

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

Name of Employer Harbor Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2013  
**Transaction ID : 21213976**

Amount of Each Receipt this Period 50.00

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

Mailing Address 314 Logger Ct. S.E.

City Olympia State WA Zip Code 98503-6722

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 10 / 24 / 2013  
**Transaction ID : 21213977**

Amount of Each Receipt this Period 25.00

**C. Dr. Phillip Wayne Holloway**  
Full Name (Last, First, Middle Initial)

Mailing Address 2814 Berry St.

City Paris State IL Zip Code 61944-6832

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 10 / 25 / 2013  
**Transaction ID : 21214653**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 30
<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. Joseph Christopher Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 654 Philadelphia Ave.  
 City Shillington State PA Zip Code 19607-2769  
 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  
 10 / 25 / 2013  
**Transaction ID : 21214656**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Holly A. Spohn-Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2013  
**Transaction ID : 21215394**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Steven L. Ginex**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77685 Justin Ct.  
 City Palm Desert State CA Zip Code 92211-6238  
 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  
 10 / 26 / 2013  
**Transaction ID : 21215395**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**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 30
	<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	

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. Michael B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 68th Pl.  
 City Kenosha State WI Zip Code 53143-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 27 / 2013**  
**Transaction ID : 21215407**  
 Amount of Each Receipt this Period **125.00**

**B. Dr. Mark J. Henson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Beechwood Ct.  
 City Griffin State GA Zip Code 30224-4966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Field Foot & Ankle Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2013**  
**Transaction ID : 21215412**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Kirk Eliel Woelffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Raleigh Foot Center P.O. Box 98209  
 City Raleigh State NC Zip Code 27624-8209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2013**  
**Transaction ID : 21215413**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **425.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 30
	<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	

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. Zahid A. Ladha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3544 Marquis Ct.  
 City State Zip Code  
 Floyds Knobs IN 47119-9766  
 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 ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013  
**Transaction ID : 21215414**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Samuel Stuart Woociker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 Warrior Trl.  
 City State Zip Code  
 Enterprise FL 32725-2456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orlando Foot&Ankle Clinic Physicians 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  
 10 / 28 / 2013  
**Transaction ID : 21215415**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Jeffery H. Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Podiatry Services  
 610 S. Maple Ave. #2550  
 City State Zip Code  
 Oak Park IL 60304-2807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Midwest Podiatry Services 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  
 10 / 28 / 2013  
**Transaction ID : 21215417**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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 30
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David R. Kirlin</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : 21215419</b>
Mailing Address 2600 Thomas Trl.		Amount of Each Receipt this Period 125.00
City Gastonia	State NC	Zip Code 28054-4964
FEC ID number of contributing federal political committee. C	Name of Employer Gaston Foot & Ankle Associates	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>B. Dr. Johnnie L. Alston</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : 21215420</b>
Mailing Address 3452 Dalraida Pkwy.		Amount of Each Receipt this Period 125.00
City Montgomery	State AL	Zip Code 36109-2216
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>C. Dr. Mackie J. Walker Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : 21215421</b>
Mailing Address 404 Lake Murray Dr.		Amount of Each Receipt this Period 125.00
City North Augusta	State SC	Zip Code 29841-8654
FEC ID number of contributing federal political committee. C	Name of Employer Carolina Pod. Med. Associates	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 30
	<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	

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. Gregory A. Worley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11927 Oxford Hills Dr.  
 City Walton State KY Zip Code 41094-6913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern KY Foot Specialists 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  
 10 / 31 / 2013  
**Transaction ID : 21223213**  
 Amount of Each Receipt this Period  
**300.00**

**B. Dr. Michael E. McGowan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 S. Thunderbird Trl.  
 City Sioux Falls State SD Zip Code 57103-5036  
 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  
 10 / 31 / 2013  
**Transaction ID : 21223224**  
 Amount of Each Receipt this Period  
**300.00**

**C. Dr. Curtis L. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4427 W. Jewelwood Ct.  
 City Peoria State IL Zip Code 61615-8933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACPM Podiatry Group 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  
 10 / 31 / 2013  
**Transaction ID : 21249016**  
 Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>14316.00</b>

**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

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

NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leadership Today and Tomorrow PAC**

Mailing Address 9869 Easton Drive

City State Zip Code  
Beverly Hills CA 90210

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2013			

Transaction ID : 21193113

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement

011

Candidate Name

**Rep. Janice D. Schakowsky**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2013			

Transaction ID : 21209416

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2013			

Transaction ID : 21210763

Amount of Each Disbursement this Period

2500.00
---------

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

10000.00
----------

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

--

**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

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

NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walorski For Congress Inc**

Mailing Address PO Box 954

City State Zip Code  
Mishawaka IN 46546

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jackie Walorski**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2013

**Transaction ID : 21213447**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John A. Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : 21253544**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

13500.00