

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road

Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00008839

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2013 through 04 / 30 / 2013

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

Type or Print Name of Treasurer Dr. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date 05 / 16 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		240465.66
(b) Cash on Hand at Beginning of Reporting Period.....	433904.66	
(c) Total Receipts (from Line 19)	30030.99	251129.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	463935.65	491595.65
7. Total Disbursements (from Line 31).....	120.00	27780.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	463815.65	463815.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / 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).....	20408.00	179388.00
(ii) Unitemized	9622.99	70741.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30030.99	250129.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30030.99	250129.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30030.99	251129.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30030.99	251129.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	27500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	120.00	280.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	120.00	280.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	120.00	27780.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120.00	27780.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30030.99	250129.99
34. Total Contribution Refunds (from Line 28(d))	120.00	280.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29910.99	249849.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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. Leonard Portnoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Davisville Rd.
 City Warminster State PA Zip Code 18974-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 20830292
 Amount of Each Receipt this Period
 250.00

B. Dr. Bruce G. Fawcett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Mayfair Rd.
 City Raleigh State NC Zip Code 27608-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : 20830299
 Amount of Each Receipt this Period
 300.00

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 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2013
Transaction ID : 20831727
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Joel Scott Segalman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833101
Mailing Address 10 Neds Ln.		Amount of Each Receipt this Period 300.00
City Ridgefield	State CT	Zip Code 06877-1309
FEC ID number of contributing federal political committee. C		
Name of Employer Chase Parkway Podiatry Group	Occupation Podiatric Physician	
Receipt For: <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. Benedict C. Valentine II		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833102
Mailing Address 206 Coldbrook Rd.		Amount of Each Receipt this Period 250.00
City South Glastonbury	State CT	Zip Code 06073-2703
FEC ID number of contributing federal political committee. C		
Name of Employer Comprehensive Foot Care, LLC	Occupation Podiatric Physician	
Receipt For: <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) C. Dr. Betty M. Carreira		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833103
Mailing Address 21A Purcell Dr.		Amount of Each Receipt this Period 300.00
City Danbury	State CT	Zip Code 06810-7024
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <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).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Gordon E. Fosdick		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833104
Mailing Address 307 Cherry Hill Rd.		Amount of Each Receipt this Period 300.00
City Middlefield	State CT	Zip Code 06455-1238
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert E. Marra		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 20833105
Mailing Address 90 Crystal Springs Dr.		Amount of Each Receipt this Period 500.00
City Tolland	State CT	Zip Code 06084-2029
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Craig S. Schein
 Full Name (Last, First, Middle Initial)
 Mailing Address 4573 Bayley Hazen Rd.
 City Peacham State VT Zip Code 05862
 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
 04 / 10 / 2013
Transaction ID : 20834522
 Amount of Each Receipt this Period
 300.00

B. Dr. Hal Ornstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Amanda Ln.
 City Howell State NJ Zip Code 07731-8941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Foot & Ankle Centers Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 20834525
 Amount of Each Receipt this Period
 1008.00

C. Dr. Gad N. Flaumenhaft
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 Box Elder Ct.
 City Indianapolis State IN Zip Code 46260-1507
 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
 04 / 12 / 2013
Transaction ID : 20835301
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1608.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Bruce M. Jacob		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 Transaction ID : 20835418
Mailing Address 4319 Foxpointe Dr.		Amount of Each Receipt this Period 100.00
City West Bloomfield	State MI	Zip Code 48323-2615
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <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. W. Joseph Schoepner		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 Transaction ID : 20845085
Mailing Address 3322 Perrydale St. N.W.		Amount of Each Receipt this Period 300.00
City Uniontown	State OH	Zip Code 44685-6812
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <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. David A. Kutlick		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 Transaction ID : 20845086
Mailing Address 3806 Sugarbush Dr.		Amount of Each Receipt this Period 300.00
City Canfield	State OH	Zip Code 44406-8136
FEC ID number of contributing federal political committee. C		
Name of Employer Foot Care Associates Inc.	Occupation Podiatric Physician	
Receipt For: <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).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Paul Davis Brooks		Date of Receipt MM / DD / YYYY 04 / 17 / 2013
Mailing Address 56 Blithewood Dr.		Transaction ID : 20846134
City Pensacola	State FL	Zip Code 32514-8193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 450.00	

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

Full Name (Last, First, Middle Initial) C. Dr. Neil R. Kelley		Date of Receipt MM / DD / YYYY 04 / 17 / 2013
Mailing Address Family Foot Care 1730 Main St.		Transaction ID : 20846138
City Fortuna	State CA	Zip Code 95540-2467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Devang C. Patel		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 Transaction ID : 20846502
Mailing Address 761 Main Ave.		Amount of Each Receipt this Period 1000.00
City Norwalk	State CT	Zip Code 06851-1080
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Bradley Don Beasley		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 Transaction ID : 20846503
Mailing Address 1705 W. Montpelier St.		Amount of Each Receipt this Period 300.00
City Broken Arrow	State OK	Zip Code 74012-8597
FEC ID number of contributing federal political committee. C		
Name of Employer Restoration Foot & Ankle, PLLC	Occupation Podiatric Physician	
Receipt For: <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. Jonathan J. Lubitz		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 Transaction ID : 20846505
Mailing Address 3 Indian River Ave. #601		Amount of Each Receipt this Period 150.00
City Titusville	State FL	Zip Code 32796-5820
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Frederick		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2013 Transaction ID : 20847207
Mailing Address 30005 Forest Dr.		Amount of Each Receipt this Period 100.00
City Franklin	State MI	
	Zip Code 48025-1580	
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Mitchell Drexler		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20848538
Mailing Address 3553 Buena Rd.		Amount of Each Receipt this Period 300.00
City Highland Park	State IL	
	Zip Code 60035-1003	
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. Robert J. Warkala		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2013 Transaction ID : 20848545
Mailing Address 59 Harrowgate Dr.		Amount of Each Receipt this Period 100.00
City Cherry Hill	State NJ	
	Zip Code 08003-1938	
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 27
(check only one)

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

A. 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 ▼ 270.00

Date of Receipt **04 / 22 / 2013**
Transaction ID : 20848570
Amount of Each Receipt this Period 90.00

B. Dr. Jane E. Graebner
Full Name (Last, First, Middle Initial)
Mailing Address 4351 Fry Rd.
City Ostrander State OH Zip Code 43061-9449
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 19 / 2013**
Transaction ID : 20848587
Amount of Each Receipt this Period 300.00

C. Dr. Howard A. Stone
Full Name (Last, First, Middle Initial)
Mailing Address N. Shore Podiatry Group 2501 Compass Rd. #120
City Glenview State IL Zip Code 60026-8000
FEC ID number of contributing federal political committee. **C**
Name of Employer N. Shore Podiatry Group Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 19 / 2013**
Transaction ID : 20848588
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶ 690.00
TOTAL This Period (last page this line number only).....▶

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

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

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

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

Mailing Address 3215 S. Ocean Blvd. #505

City Highland Beach	State FL	Zip Code 33487-2568
------------------------	-------------	------------------------

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
04	/	19	/	2013

Transaction ID : 20848590

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 2218

City Kingsford	State MI	Zip Code 49802-2218
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2013

Transaction ID : 20848591

Amount of Each Receipt this Period
250.00

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

Mailing Address 1951 S. Grandview Ave.

City Dubuque	State IA	Zip Code 52003-7922
-----------------	-------------	------------------------

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

Name of Employer Dubuque Podiatry	Occupation Podiatric Physician
--------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2013

Transaction ID : 20848592

Amount of Each Receipt this Period
500.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. William Scott Newcomb		Date of Receipt
Mailing Address 318 Spalding Rd.		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City State Zip Code Wilmington DE 19803-2422		Transaction ID : 20848675
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 Brandywine Podiatry	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) B. Dr. Harry A. Kezelian		Date of Receipt
Mailing Address 619 Overhill Rd.		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code Bloomfield Hills MI 48301-2569		Transaction ID : 20849004
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 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. Kathleen Toepp Neuhoff		Date of Receipt
Mailing Address 21730 Roosevelt Rd.		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code South Bend IN 46614-9259		Transaction ID : 20849005
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 Family Footcare Clinic	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="600.00"/>	

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 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jeffrey A. Crowhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Forest Park Pl.
 City Ottawa State IL Zip Code 61350-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2013
Transaction ID : 20849006
 Amount of Each Receipt this Period
 300.00

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Edward A. Schulz		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20849011
Mailing Address 1613 Virginia Ave.		Amount of Each Receipt this Period 500.00
City Libertyville	State IL	Zip Code 60048-4447
FEC ID number of contributing federal political committee. C	Name of Employer Mundelein Foot & Ankle Center	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. Suha F. Kassab		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20849014
Mailing Address 1820 Huntingwood Ln.		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven N. Rembos		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 Transaction ID : 20849016
Mailing Address 3800 Highland Ave. #102		Amount of Each Receipt this Period 1000.00
City Downers Grove	State IL	Zip Code 60515-1559
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	

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

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

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

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

A. Dr. David P. Sheldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 W. Royal Dr.
 City State Zip Code
 Traverse City MI 49684-8965
 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2013
Transaction ID : 20849018
 Amount of Each Receipt this Period
 500.00

B. Dr. Martha A. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 N. Pointe Ln.
 City State Zip Code
 North Little Rock AR 72118-2367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Crestwood Foot Clinic Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2013
Transaction ID : 20849033
 Amount of Each Receipt this Period
 500.00

C. Dr. Andrew J. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 4326 Sarong Dr.
 City State Zip Code
 Houston TX 77096-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tanglewood Foot Specialists Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 20849055
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Elizabeth G. Tice
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Windsor Ct.
 City Ridgeland State MS Zip Code 39157-8741
 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
 04 / 22 / 2013
Transaction ID : 20849075
 Amount of Each Receipt this Period
 300.00

B. Dr. Shelley Lynn Hogue
 Full Name (Last, First, Middle Initial)
 Mailing Address 12455 E. 100th St. N. #290
 City Owasso State OK Zip Code 74055-4675
 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
 04 / 22 / 2013
Transaction ID : 20849076
 Amount of Each Receipt this Period
 300.00

C. Dr. Harvey S. Karp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Woodlane Dr.
 City West Deptford State NJ Zip Code 08093-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 20849189
 Amount of Each Receipt this Period
 500.00

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

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

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

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

A. Dr. Syed Khalid Husain
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 McGlashey Dr.
 City South Barrington State IL Zip Code 60010-7108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Foot & Ankle Clinics Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 20849190
 Amount of Each Receipt this Period
 300.00

B. Dr. Zahid A. Ladha
 Full Name (Last, First, Middle Initial)
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : 20852235
 Amount of Each Receipt this Period
 250.00

C. Dr. Jondelle B. Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address J.B. Jenkins & Associates
 1706 E. 87th St.
 City Chicago State IL Zip Code 60617-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : 20852263
 Amount of Each Receipt this Period
 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. James H. McClain
Full Name (Last, First, Middle Initial)

Mailing Address 68689 Vinewood Ave.

City Sturgis State MI Zip Code 49091-2374

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2013
Transaction ID : 20853216

Amount of Each Receipt this Period
250.00

B. Dr. Jack A. Koch
Full Name (Last, First, Middle Initial)

Mailing Address 2937 Cardamon Ln.

City Fullerton State CA Zip Code 92835-4307

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2013
Transaction ID : 20853273

Amount of Each Receipt this Period
500.00

C. 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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2013
Transaction ID : 20853358

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph H. Strickland		Date of Receipt MM / DD / YYYY 04 / 28 / 2013 Transaction ID : 20853368
Mailing Address 2990 Longbrooke Way		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. David R. Kirlin		Date of Receipt MM / DD / YYYY 04 / 28 / 2013 Transaction ID : 20853371
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Johnnie L. Alston		Date of Receipt MM / DD / YYYY 04 / 28 / 2013 Transaction ID : 20853372
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mackie J. Walker Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Lake Murray Dr.
 City North Augusta State SC Zip Code 29841-8654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Pod. Med. Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Laura J. Pickard		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : 20854664
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.		Amount of Each Receipt this Period 150.00
City Chicago	State IL Zip Code 60634-3547	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1150.00
Name of Employer Norridge Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bryan James Prukop		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : 20854699
Mailing Address Complete Family Foot Care 812 Lindberg Ave.		Amount of Each Receipt this Period 500.00
City McAllen	State TX Zip Code 78501-2930	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Complete Family Foot Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Dr. Lesley S. Appel		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : 20880820
Mailing Address 146 Ritchie Ave.		Amount of Each Receipt this Period 500.00
City Cincinnati	State OH Zip Code 45215-2035	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Marc D. Lenet
Full Name (Last, First, Middle Initial)

Mailing Address 1 Shaded Glen Ct.

City Owings Mills State MD Zip Code 21117-3048

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20883543

Amount of Each Receipt this Period
250.00

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

Mailing Address 4590 Bohemia Dr.

City Pensacola State FL Zip Code 32504-8560

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 21765424

Amount of Each Receipt this Period
0.00

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

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

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

City Davie State FL Zip Code 33324-5074

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

Name of Employer Westside Regional Medical Center Occupation Podiatric Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : 21765425

Amount of Each Receipt this Period
0.00

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

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

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Scott E. Rickoff

Mailing Address 4590 Bohemia Dr.

City Pensacola State FL Zip Code 32504-8560

Purpose of Disbursement
Cont'b incorrectly attributed to Scott R. Should be Nathan Rickoff

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 20831998

Amount of Each Disbursement this Period

Cont'b incorrectly attributed to Scott R. Should be Nathan Rickoff

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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