



**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.....	463815.65	
(c) Total Receipts (from Line 19) .....	45548.00	296677.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	509363.65	537143.65
7. Total Disbursements (from Line 31).....	9100.00	36880.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	500263.65	500263.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2013 To: M M / D D / Y Y Y Y 05 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25075.00	204463.00
(ii) Unitemized .....	15473.00	86214.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40548.00	290677.99
(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) .....	40548.00	290677.99
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.....	5000.00	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))..... ▶	45548.00	296677.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45548.00	296677.99

**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.....	9000.00	36500.00
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 .....	100.00	380.00
(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)).....	100.00	380.00
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)) ..	9100.00	36880.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9100.00	36880.00

**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) .....	40548.00	290677.99
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	380.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40448.00	290297.99
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: PAGE 6 OF 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Brenna Leigh Steinberg**  
Mailing Address 21511 Sun Garden Ct.  
City State Zip Code  
Germantown MD 20876-6941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-Employed Podiatric Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2013**  
**Transaction ID : 20855458**  
Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Randy K. Kaplan**  
Mailing Address 6578 Post Oak Dr.  
City State Zip Code  
West Bloomfield MI 48322-3830  
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 ▼  
**1350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2013**  
**Transaction ID : 20885344**  
Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Dr. W. Ryan Meredith IV**  
Mailing Address 862 Edgewater Dr.  
City State Zip Code  
Belmont NC 28012-8732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Gaston Foot & Ankle Associates 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  
**05 / 03 / 2013**  
**Transaction ID : 20885413**  
Amount of Each Receipt this Period  
**300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Patrick B. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 W. Woodstone Ct.  
 City Baton Rouge State LA Zip Code 70808-5148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bone & Joint Clinic of Baton Rouge, IN Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 03 / 2013**  
**Transaction ID : 20885415**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Jeannie Y. Jo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7602 Old Sturbridge Ln.  
 City Baton Rouge State LA Zip Code 70806-7670  
 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 **05 / 03 / 2013**  
**Transaction ID : 20885416**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. William H. Dabdoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Ayshire Ct.  
 City Slidell State LA Zip Code 70461-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **05 / 06 / 2013**  
**Transaction ID : 20885620**  
 Amount of Each Receipt this Period **150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</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 8 OF 35
	<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. Matthew Gerard Enzweiler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1271 Cayton Rd.  
 City Florence State KY Zip Code 41042-9396  
 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 **05 / 06 / 2013**  
**Transaction ID : 20885708**  
 Amount of Each Receipt this Period **300.00**

**B. Dr. Michael Morrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3200 Penbroke Pl.  
 City Lexington State KY Zip Code 40509-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Care Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 06 / 2013**  
**Transaction ID : 20885710**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Brian Przystawski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6507 Turnbridge Pl.  
 City Prospect State KY Zip Code 40059-8872  
 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 **05 / 06 / 2013**  
**Transaction ID : 20885713**  
 Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</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 9 OF 35
	<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. Benjamin M. Schaffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Harwood Rd.  
 City Louisville State KY Zip Code 40222-6164  
 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  
 05 / 06 / 2013  
**Transaction ID : 20885716**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Alan K. Mauser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 S. Sherrin Ave.  
 City Louisville State KY Zip Code 40207-3817  
 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  
 05 / 06 / 2013  
**Transaction ID : 20885718**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. David R. Northcutt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1531 N. Buckner Blvd.  
 City Dallas State TX Zip Code 75218-3517  
 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  
 05 / 09 / 2013  
**Transaction ID : 20890099**  
 Amount of Each Receipt this Period  
 300.00

<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:	PAGE 10 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Richard K. Rettig**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 W. Tabor Rd. #206

City Philadelphia	State PA	Zip Code 19141-3040
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2013

**Transaction ID : 20890718**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. Jeffrey L. Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address Barry Univ. School of Podiatric Me  
11300 N.E. 2nd Ave.

City Miami	State FL	Zip Code 33161-6628
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diabetic Foot & Wound Center	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2013

**Transaction ID : 20890841**

Amount of Each Receipt this Period  

500.00
--------

**C. Dr. Daria P. McDonough**  
Full Name (Last, First, Middle Initial)

Mailing Address 284 N. Halifax Dr.

City Ormond Beach	State FL	Zip Code 32176-5765
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : 20890901**

Amount of Each Receipt this Period  

150.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 11 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Lisa M. Schoene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 659 W. Wellington Ave. #3W  
 City Chicago State IL Zip Code 60657-5305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gurnee Podiatry & Sports Medicine 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  
 05 / 10 / 2013  
**Transaction ID : 20890903**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Karen A. Langone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 257 Weeks Ave.  
 City Manorville State NY Zip Code 11949-2041  
 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  
 05 / 10 / 2013  
**Transaction ID : 20890910**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Bryan C. Markinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Newbridge Rd. #44  
 City East Meadow State NY Zip Code 11554-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mount Sinai School of Medicine 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  
 05 / 10 / 2013  
**Transaction ID : 20891065**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 35
	<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. Brian D. Gale**  
Full Name (Last, First, Middle Initial)

Mailing Address 2418 Coolidge Ave.

City Bismarck State ND Zip Code 58501-2261

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

Name of Employer Dakota Foot & Ankle Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
05 / 13 / 2013  
**Transaction ID : 20892620**

Amount of Each Receipt this Period  
325.00

**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 Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
05 / 15 / 2013  
**Transaction ID : 20893765**

Amount of Each Receipt this Period  
100.00

**C. Dr. Travis Jason Zimbelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 607 Linden Ln.

City Prattville State AL Zip Code 36066-7366

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  
05 / 15 / 2013  
**Transaction ID : 20896839**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<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. William M. Jenkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Nadina Way  
 City Greenbrae State CA Zip Code 94904-1131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parnassus Heights 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  
 05 / 14 / 2013  
**Transaction ID : 20896853**  
 Amount of Each Receipt this Period  
 300.00

**B. 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : 20900024**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Howard I. Hyman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Brookside Ct.  
 City Scotch Plains State NJ Zip Code 07076-2647  
 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  
 05 / 17 / 2013  
**Transaction ID : 20900052**  
 Amount of Each Receipt this Period  
 500.00

**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 14 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Amy Beth Herskowitz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2013 <b>Transaction ID : 20900053</b>
Mailing Address 12 Stead Ct.		Amount of Each Receipt this Period 500.00
City Voorhees	State NJ	Zip Code 08043-4121
FEC ID number of contributing federal political committee. C	Name of Employer Woodbury Foot Care Centre	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. Anthony N. Acello</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2013 <b>Transaction ID : 20900054</b>
Mailing Address 6 Susan Ct.		Amount of Each Receipt this Period 300.00
City Rivervale	State NJ	Zip Code 07675-7478
FEC ID number of contributing federal political committee. C	Name of Employer Foot & Ankle Surgical Associates	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Frederick</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2013 <b>Transaction ID : 20900175</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 ▼ 500.00	

<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 15 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Robert J. Warkala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Harrowgate Dr.  
 City State Zip Code  
 Cherry Hill NJ 08003-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013  
**Transaction ID : 20902643**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Vada Kathleen Satterfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10685 Concannon St.  
 City State Zip Code  
 Rancho Cucamonga CA 91737-6922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Disabled 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  
 05 / 21 / 2013  
**Transaction ID : 20902644**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Dusty R. Haverly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6102 Timberknoll Dr.  
 City State Zip Code  
 Macungie PA 18062-8884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013  
**Transaction ID : 20902798**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<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 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Joseph 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2013  
**Transaction ID : 20902805**  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2013  
**Transaction ID : 20902806**  
 Amount of Each Receipt this Period  
 90.00

**C. Dr. Michael K. Y. Chun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pali Momi Medical Center  
 98-1079 Moanalua Rd. #400  
 City Aiea State HI Zip Code 96701-4715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kapiolani Med. Ctr. At Pali Momi 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  
 05 / 21 / 2013  
**Transaction ID : 20903147**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 715.00  
**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 17 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. 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 ▼ 425.00

Date of Receipt 05 / 23 / 2013  
**Transaction ID : 20903179**  
 Amount of Each Receipt this Period 85.00

**B. 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 ▼ 250.00

Date of Receipt 05 / 23 / 2013  
**Transaction ID : 20903180**  
 Amount of Each Receipt this Period 50.00

**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 ▼ 250.00

Date of Receipt 05 / 23 / 2013  
**Transaction ID : 20903181**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Robert C. Brace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 N. 8th St.  
 City McAllen State TX Zip Code 78501-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot Center of McAllen 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  
 05 / 23 / 2013  
**Transaction ID : 20904305**  
 Amount of Each Receipt this Period  
 1000.00

**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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : 20904313**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Lawrence A. Santi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Mayflower Ave.  
 City Williston Park State NY Zip Code 11596-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : 20904316**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 19 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Paul W. Aufderheide**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6465 Chico Way  
 City Bremerton State WA Zip Code 98312-1155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Smith Barney Shearson Bldg. 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  
 05 / 24 / 2013  
**Transaction ID : 20904371**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Brandon David Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6921 96th Ave. S. E.  
 City Mercer Island State WA Zip Code 98040-5405  
 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  
 05 / 24 / 2013  
**Transaction ID : 20904372**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. David M. Gent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3747 Sagebrush Ln. N.W.  
 City Bremerton State WA Zip Code 98312-8870  
 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  
 05 / 24 / 2013  
**Transaction ID : 20904382**  
 Amount of Each Receipt this Period  
 300.00

<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 20 OF 35
	<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. Terrence E. Hess**  
Full Name (Last, First, Middle Initial)

Mailing Address 5937 Black Lake Belmore Rd.

City Olympia	State WA	Zip Code 98512-7057
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : 20904384**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. Lawrence Zane Huppin**  
Full Name (Last, First, Middle Initial)

Mailing Address 7109 Dayton Ave. N.

City Seattle	State WA	Zip Code 98103-5029
-----------------	-------------	------------------------

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

Name of Employer Foot & Ankle Center of WA	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
05	/	24	/	2013

**Transaction ID : 20904388**

Amount of Each Receipt this Period  

1000.00
---------

**C. Dr. Tony D. H. Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 2129 Sunrise Cir.

City Wenatchee	State WA	Zip Code 98801-1046
-------------------	-------------	------------------------

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

Name of Employer PRIVATE PRACTICE	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
05	/	24	/	2013

**Transaction ID : 20904391**

Amount of Each Receipt this Period  

300.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1600.00</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 21 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Douglas K. Monson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Center  
 526 N. Mullan Rd. #B  
 City Spokane Valley State WA Zip Code 99206-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Foot Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : 20904395**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Donald W. Orminski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Central WA Podiatry Service  
 307 S. 12th Ave. #9  
 City Yakima State WA Zip Code 98902-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central WA Podiatry Service 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  
 05 / 24 / 2013  
**Transaction ID : 20904398**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Andrew S. Soo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midway Foot & Ankle Clinic  
 26234 Pacific Hwy. S.  
 City Kent State WA Zip Code 98032-6934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midway Foot & Ankle Clinic 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  
 05 / 24 / 2013  
**Transaction ID : 20904401**  
 Amount of Each Receipt this Period  
 300.00

<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 22 OF 35
	<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. Rylan J. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16630 Elk Horn Rd.  
 City State Zip Code  
 Piedmont SD 57769-2125  
 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  
 05 / 23 / 2013  
**Transaction ID : 20904585**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Mark B. Saffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3165 Gilbert Ridge Rd.  
 City State Zip Code  
 West Bloomfield MI 48322-1836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Midwest Health Center 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  
 05 / 23 / 2013  
**Transaction ID : 20904586**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Jondelle B. Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address J.B. Jenkins & Associates  
 1706 E. 87th St.  
 City State Zip Code  
 Chicago IL 60617-2740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 J.B. Jenkins & Associates Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2013  
**Transaction ID : 20904703**  
 Amount of Each Receipt this Period  
 625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1225.00
<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 35
	<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) <b>A. Dr. Kirk Eliel Woelffer</b>		Date of Receipt 05 / 28 / 2013 <b>Transaction ID : 20906751</b>
Mailing Address Raleigh Foot Center P.O. Box 98209		Amount of Each Receipt this Period 50.00
City Raleigh	State NC Zip Code 27624-8209	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Raleigh Foot Center	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>B. Dr. Samuel Stuart Woociker</b>		Date of Receipt 05 / 28 / 2013 <b>Transaction ID : 20906752</b>
Mailing Address 445 Warrior Trl.		Amount of Each Receipt this Period 50.00
City Enterprise	State FL Zip Code 32725-2456	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Orlando Foot&Ankle Clinic Physicians	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>C. Dr. Joseph H. Strickland</b>		Date of Receipt 05 / 28 / 2013 <b>Transaction ID : 20906755</b>
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		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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 24 OF 35
	<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 ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : 20906779**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. M. Diane Collier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 N. Iroquois Ave.  
 City State Zip Code  
 Dothan AL 36303-3224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alabama South Family Podiatry 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  
 05 / 28 / 2013  
**Transaction ID : 20909318**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. George Michael Johnson Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5881 Bayou Rd.  
 City State Zip Code  
 Mobile AL 36605-9414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Center Podiatry, P.C. 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  
 05 / 28 / 2013  
**Transaction ID : 20909319**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1250.00
<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 26 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dr. Scott Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4123 Stemilt Creek Rd.  
 City State Zip Code  
 Wenatchee WA 98801-8982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Foot Health 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  
 05 / 29 / 2013  
**Transaction ID : 20909529**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Craig H. Thomajan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Austin Foot & Ankle Specialists  
 5000 Bee Cave Rd. #202  
 City State Zip Code  
 West Lake Hills TX 78746-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Austin Foot & Ankle Specialists 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  
 05 / 30 / 2013  
**Transaction ID : 20912545**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. David C. Schleichert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31524 Lowry Cir.  
 City State Zip Code  
 Cushing MN 56443-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lakewood Health Systems 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  
 05 / 30 / 2013  
**Transaction ID : 20912549**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 27 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Matthew L. Burrell</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : 20912644</b>		
Mailing Address 64 Cross Country Ln.			Amount of Each Receipt this Period 500.00		
City Plymouth	State NH	Zip Code 03264-1138			
FEC ID number of contributing federal political committee. C					
Name of Employer Lake Podiatry, PA		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. Michael A. Sherwin</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : 20912646</b>		
Mailing Address 1112 E. Clearbrook Dr.			Amount of Each Receipt this Period 300.00		
City Bellingham	State WA	Zip Code 98229-2355			
FEC ID number of contributing federal political committee. C					
Name of Employer Family Foot Care		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. Howard I. Hyman</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : 20912647</b>		
Mailing Address 1 Brookside Ct.			Amount of Each Receipt this Period 300.00		
City Scotch Plains	State NJ	Zip Code 07076-2647			
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 ▼ 800.00			

<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 28 OF 35
	<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. Carlton G. Purvis**  
Full Name (Last, First, Middle Initial)

Mailing Address 309 Old Coach Rd.

City	State	Zip Code
Rocky Mount	NC	27804-2134

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

Name of Employer	Occupation
Purvis Foot & Ankle Center	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
05	/	31	/	2013

**Transaction ID : 20912648**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. Donald E. Chudy**  
Full Name (Last, First, Middle Initial)

Mailing Address 3657 E. Palm St.

City	State	Zip Code
Mesa	AZ	85215-1020

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
05	/	31	/	2013

**Transaction ID : 20912649**

Amount of Each Receipt this Period  

300.00
--------

**C. Dr. John A. DelMonte**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 Poppy Hill Dr.

City	State	Zip Code
Healdsburg	CA	95448-3006

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : 20912650**

Amount of Each Receipt this Period  

500.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</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:	PAGE 29 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Charles G. Kissel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Christine Dr.  
 City State Zip Code  
 Grosse Pointe Farms MI 48236-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Center Footcare Associates 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  
 05 / 29 / 2013  
**Transaction ID : 20912657**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Joseph A. Manzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 261 Delaware Ave.  
 City State Zip Code  
 Delmar NY 12054-1313  
 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  
 05 / 31 / 2013  
**Transaction ID : 20912658**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. William J. O'Neill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3530 Stancliff Rd.  
 City State Zip Code  
 Clemmons NC 27012-9085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carolina Foot Care Associates 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  
 05 / 30 / 2013  
**Transaction ID : 20912659**  
 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 30 OF 35
	<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. Donald James Carlson**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 N.W. 6th St.

City Pendleton	State OR	Zip Code 97801-1319
-------------------	-------------	------------------------

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

Name of Employer Heritage 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
05	/	29	/	2013

**Transaction ID : 20912660**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. Susan M. Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 981 Canton Ave.

City Milton	State MA	Zip Code 02186-3621
----------------	-------------	------------------------

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

Name of Employer Foot Care Specialists of Boston Med. C	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
05	/	30	/	2013

**Transaction ID : 20912661**

Amount of Each Receipt this Period  

250.00
--------

**C. Dr. Karen A. Romines**  
Full Name (Last, First, Middle Initial)

Mailing Address 9121 Folsom Blvd. #G

City Sacramento	State CA	Zip Code 95826-2473
--------------------	-------------	------------------------

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
05	/	29	/	2013

**Transaction ID : 20912662**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</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 31 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dr. Peter M. Romines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 Folsom Blvd. #G  
 City Sacramento State CA Zip Code 95826-2473  
 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  
 05 / 29 / 2013  
**Transaction ID : 20912663**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Randy K. Kaplan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6578 Post Oak Dr.  
 City West Bloomfield State MI Zip Code 48322-3830  
 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 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : 21765428**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$1250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	25075.00

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

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

FOR LINE NUMBER: PAGE 32 OF 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Friends of Max Baucus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Box 586  
 City Helena State MT Zip Code 59624  
 FEC ID number of contributing federal political committee. **C** C00209668  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : 20888096**  
 Amount of Each Receipt this Period  
 5000.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brett Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2013

**Transaction ID : 20890583**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2013

**Transaction ID : 20890584**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Janice D. Schakowsky**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2013

**Transaction ID : 20900146**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PITTSPAC**

Mailing Address c/o Carole Goeas & Associates  
1707 Prince Street #5

City Alexandria State VA Zip Code 22314

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 Y Y  
05 / 17 / 2013

**Transaction ID : 20900147**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Democrats Win Seats PAC**

Mailing Address 1071 Twin Branch Lane

City Weston State FL Zip Code 33326

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 Y Y  
05 / 23 / 2013

**Transaction ID : 20904297**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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

3000.00

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

9000.00

# 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. Randy K. Kaplan**

Mailing Address 6578 Post Oak Dr.

City West Bloomfield State MI Zip Code 48322-3830

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : 20890585

Amount of Each Disbursement this Period

100.00
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Refund

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

100.00
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100.00
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