

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Randy Kaplan DPM

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="494255.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50043.50"/>	<input type="text" value="50043.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="544298.65"/>	<input type="text" value="544398.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37000.00"/>	<input type="text" value="37000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="507298.65"/>	<input type="text" value="507398.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	37409.00	37409.00
(ii) Unitemized	12634.50	12634.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50043.50	50043.50
(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)	50043.50	50043.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	50043.50	50043.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50043.50	50043.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	37000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37000.00	37000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	37000.00

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)	50043.50	50043.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50043.50	50043.50
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 33
	<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. Glenn B. Gastwirth
 Full Name (Last, First, Middle Initial)
 Mailing Address 12401 Willow Green Ct.
 9312 Old Georgetown Rd.
 City Potomac State MD Zip Code 20854-3044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 05 / 2014
Transaction ID : 21334339
 Amount of Each Receipt this Period
1000.00

B. Dr. Frank A. Spinosa
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1023
 City Shelter Island State NY Zip Code 11964-1023
 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 / D D / Y Y Y Y Y Y
01 / 08 / 2014
Transaction ID : 21340802
 Amount of Each Receipt this Period
1000.00

C. Dr. Matthew G. Garoufalis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1933 Hansom Ct.
 5241 S. Cicero Ave.
 City Naperville State IL Zip Code 60565-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 11 / 2014
Transaction ID : 21466829
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 7 OF 33
(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. Janet Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Van Buren Pl. S.E.
 8300 Carmel Ave. N.E. #501
 City Albuquerque State NM Zip Code 87108-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2014
Transaction ID : 21466837
 Amount of Each Receipt this Period 1000.00

B. Dr. Corin Q. Wilde
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 S. Stilwell St.
 407 E. Centennial Dr.
 City Pittsburg State KS Zip Code 66762-6443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEK Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 15 / 2014
Transaction ID : 21501910
 Amount of Each Receipt this Period 300.00

C. Dr. Mark E. Reiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2909 Abernathy Lake Cove
 637 E. Matthews Ave.
 City Jonesboro State AR Zip Code 72404-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2014
Transaction ID : 21504792
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<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. Michael A. Gentile
 Full Name (Last, First, Middle Initial)
 Mailing Address 8045 S.W. 37th Ave.
 City Portland State OR Zip Code 97219-3603
 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 **01 / 14 / 2014**
Transaction ID : 21504803
 Amount of Each Receipt this Period **1000.00**

B. Dr. Ruth Ann Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Rd. #200
 City Cincinnati State OH Zip Code 45245-5135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 16 / 2014**
Transaction ID : 21504849
 Amount of Each Receipt this Period **2500.00**

C. Mr. Randy B. Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Road
 City Cincinnati State OH Zip Code 45245-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ruth Ann Cooper, DPM Occupation Assistant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 16 / 2014**
Transaction ID : 21504850
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **3800.00**
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. David Jaeyong Cho
Full Name (Last, First, Middle Initial)

Mailing Address 1933 Champion Cir.
1232 Perimeter Pkwy. #102

City Virginia Beach State VA Zip Code 23456-6798

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

Name of Employer Cho Foot & Ankle Specialists, P.L.L.C. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2014
Transaction ID : 21509344

Amount of Each Receipt this Period 300.00

B. Dr. Eugene L. Nassif Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4095 Hickory Hill Ln. S.E.

City Cedar Rapids State IA Zip Code 52403-3738

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2014
Transaction ID : 21509348

Amount of Each Receipt this Period 300.00

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

Mailing Address 517 Barefoot Trace Cir.

City Saint Augustine State FL Zip Code 32080-8702

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 01 / 17 / 2014
Transaction ID : 21511024

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 10 OF 33
	<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. Martha Jullie Ajlouny
 Full Name (Last, First, Middle Initial)
 Mailing Address Greensboro Podiatry Associates, P.
 530 N. Elam Ave. #A
 City Greensboro State NC Zip Code 27403-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greensboro Podiatry Associates 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
 01 / 23 / 2014
Transaction ID : 21511051
 Amount of Each Receipt this Period
 250.00

B. Dr. Marc R. Bernbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Burr Hall Rd.
 171 Grandview Ave. #104
 City Middlebury State CT Zip Code 06762-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waterbury Podiatry Consultants 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
 01 / 23 / 2014
Transaction ID : 21511056
 Amount of Each Receipt this Period
 250.00

C. Dr. Animesh S. Bhatia
 Full Name (Last, First, Middle Initial)
 Mailing Address 4561 Neiswander Sq.
 City New Albany State OH Zip Code 43054-9642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2014
Transaction ID : 21512067
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<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) A. Dr. R. Daniel Davis		Date of Receipt 01 / 28 / 2014 Transaction ID : 21520769
Mailing Address 450 Clement Ln.		Amount of Each Receipt this Period 1000.00
City Orange	State CT	Zip Code 06477-2803
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <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. Ross E. Taubman		Date of Receipt 01 / 28 / 2014 Transaction ID : 21520770
Mailing Address 506 Hope Ave. 3000 Meridian Blvd. #400		Amount of Each Receipt this Period 1000.00
City Franklin	State TN	Zip Code 37067-6205
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatric Insurance Company of America	Occupation President & Chief Medical Officer	
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. Brooke A. Bisbee		Date of Receipt 01 / 28 / 2014 Transaction ID : 21520771
Mailing Address 1709 S. 42nd St. 200 S. 20th St. #B		Amount of Each Receipt this Period 1500.00
City Rogers	State AR	Zip Code 72758-4081
FEC ID number of contributing federal political committee. C		
Name of Employer Family Foot Health Center, P.A.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 33
	<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. Barney A. Greenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 16283 Cayuga Cir.
 2651 Hollywood Blvd.
 City Davie State FL Zip Code 33331-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 21520772
 Amount of Each Receipt this Period
 1200.00

B. Dr. Mark S. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Glades Rd. #120
 City Boca Raton State FL Zip Code 33431-6466
 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 / D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 21520773
 Amount of Each Receipt this Period
 1000.00

C. Dr. Dennis R. Frisch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 S.W. 19th St.
 30 S.E. 7th St.
 City Boca Raton State FL Zip Code 33486-6830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boca Raton Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 21520774
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Stephen M. Meritt
Full Name (Last, First, Middle Initial)

Mailing Address 2636 Forest Point Ct.

City Jacksonville	State FL	Zip Code 32257-5623
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2014

Transaction ID : 21520775

Amount of Each Receipt this Period
500.00

B. Dr. W. Christopher Fleming
Full Name (Last, First, Middle Initial)

Mailing Address 3008 S.W. 41st Ln.

City Ocala	State FL	Zip Code 34474-5860
---------------	-------------	------------------------

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
01	/	28	/	2014

Transaction ID : 21520776

Amount of Each Receipt this Period
500.00

C. Dr. Bruce J. Levine
Full Name (Last, First, Middle Initial)

Mailing Address 2521 Countryside Blvd.

City Clearwater	State FL	Zip Code 33763-1605
--------------------	-------------	------------------------

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
01	/	28	/	2014

Transaction ID : 21520777

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<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. Albert R. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 5714 Guava Dr.
 City Tamarac State FL Zip Code 33319-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 21520778
 Amount of Each Receipt this Period
 500.00

B. Dr. Bradley Charles Haves
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 N.W. 14th Ave.
 City Miami State FL Zip Code 33125-1619
 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
 01 / 28 / 2014
Transaction ID : 21520779
 Amount of Each Receipt this Period
 300.00

C. Dr. Samir S. Vakil
 Full Name (Last, First, Middle Initial)
 Mailing Address 25311 Narwhal Ln.
 352 Milus St.
 City Punta Gorda State FL Zip Code 33983-5916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Centers of Charlotte
 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
 01 / 28 / 2014
Transaction ID : 21520780
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<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. Terence D. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 Buchanan St.
 6405 N. Federal Hwy. #405
 City Hollywood State FL Zip Code 33021-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Imperial Point Podiatry Assoc. 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
 01 / 28 / 2014
Transaction ID : 21520781
 Amount of Each Receipt this Period
 300.00

B. Dr. Larry Craig Semer
 Full Name (Last, First, Middle Initial)
 Mailing Address 7601 N.W. 6th St.
 City Plantation State FL Zip Code 33324-1402
 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
 01 / 28 / 2014
Transaction ID : 21520782
 Amount of Each Receipt this Period
 300.00

C. Dr. Paul Davis Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Blithewood Dr.
 City Pensacola State FL Zip Code 32514-8193
 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
 01 / 28 / 2014
Transaction ID : 21520783
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
<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. John E. Baker		Date of Receipt MM / DD / YYYY 01 / 28 / 2014 Transaction ID : 21520784
Mailing Address 4644 Lake in the Woods Dr. 6317 Sealawn Dr.		Amount of Each Receipt this Period 300.00
City Spring Hill	State Zip Code FL 34607-2318	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Foot & Ankle Care 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. Dr. Robert A. Iannacone		Date of Receipt MM / DD / YYYY 01 / 28 / 2014 Transaction ID : 21520785
Mailing Address 3081 N.E. Heather Ct. 691 S.W. Port St. Lucie Blvd.		Amount of Each Receipt this Period 300.00
City Jensen Beach	State Zip Code FL 34957-5071	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Iannacone Podiatry	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. Thomas A. Berens		Date of Receipt MM / DD / YYYY 01 / 28 / 2014 Transaction ID : 21520786
Mailing Address 8127 S.W. 43rd Pl. 915 N.W. 56th Ter.		Amount of Each Receipt this Period 300.00
City Gainesville	State Zip Code FL 32608-4224	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Gainesville Podiatry Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<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. John R. Heiser
Full Name (Last, First, Middle Initial)

Mailing Address 10010 S.W. 86th Ter.
915 N.W. 56th Ter.

City Gainesville State FL Zip Code 32608-6277

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 28 / 2014
Transaction ID : 21520787

Amount of Each Receipt this Period
300.00

B. Dr. Matthew H. Etheridge
Full Name (Last, First, Middle Initial)

Mailing Address 401 Andrew Jackson Trl.

City Gulf Breeze State FL Zip Code 32561-4414

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
01 / 28 / 2014
Transaction ID : 21520788

Amount of Each Receipt this Period
300.00

C. Dr. Marc B. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 22125 Martella Ave.

City Boca Raton State FL Zip Code 33433-4661

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
01 / 28 / 2014
Transaction ID : 21520789

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<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. Thomas P. Broner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1354 Pinewood Rd.
 City Jacksonville Beach State FL Zip Code 32250-2931
 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 **01 / 28 / 2014**
Transaction ID : 21520790
 Amount of Each Receipt this Period **300.00**

B. Dr. Timothy Tillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 12276 San Jose Blvd. #606
 City Jacksonville State FL Zip Code 32223-8672
 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 **01 / 28 / 2014**
Transaction ID : 21520791
 Amount of Each Receipt this Period **300.00**

C. Dr. Elliott S. Lampert
 Full Name (Last, First, Middle Initial)
 Mailing Address 1581 Brickell Ave. #702
 City Miami State FL Zip Code 33129-1234
 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 **01 / 28 / 2014**
Transaction ID : 21520792
 Amount of Each Receipt this Period **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<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 E. Kiefer		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2014 Transaction ID : 21520793
Mailing Address 4561 Canopy Rd. 1851 N. 9th Ave.		Amount of Each Receipt this Period 300.00
City Pensacola	State FL	Zip Code 32504-7801
FEC ID number of contributing federal political committee.	C	
Name of Employer Gulf Coast Podiatry	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. Mark Andrew Lambert		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2014 Transaction ID : 21520847
Mailing Address 2210 Fleance Dr. 4850 N. 9th Ave.		Amount of Each Receipt this Period 300.00
City Pensacola	State FL	Zip Code 32503-5827
FEC ID number of contributing federal political committee.	C	
Name of Employer Pensacola 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Scarlett Ann Kinley		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2014 Transaction ID : 21520848
Mailing Address 935 23rd Ave. N. 321 Lincoln Ave. S.		Amount of Each Receipt this Period 300.00
City Saint Petersburg	State FL	Zip Code 33704-3225
FEC ID number of contributing federal political committee.	C	
Name of Employer Bay Area Foot & Ankle	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).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<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. Michael J. Ball
Full Name (Last, First, Middle Initial)

Mailing Address 11858 N.W. 11th Pl.

City State Zip Code
Coral Springs FL 33071-5036

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
01 / 28 / 2014
Transaction ID : 21520849

Amount of Each Receipt this Period
300.00

B. Dr. Richard N. Berkun
Full Name (Last, First, Middle Initial)

Mailing Address 1645 Quail Dr.
1800 Cortez Rd. W.

City State Zip Code
Sarasota FL 34231-3538

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

Name of Employer Occupation
Cortez Podiatry Associates 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
01 / 28 / 2014
Transaction ID : 21520850

Amount of Each Receipt this Period
250.00

C. Dr. Joseph F. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 151 Oak Grove Cir.

City State Zip Code
Lake Mary FL 32746-6271

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2014
Transaction ID : 21520851

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 33
	<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. William J. Beaton Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 283 104th Ave. #106

City State Zip Code
Treasure Island FL 33706-4828

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
01 / 28 / 2014
Transaction ID : 21520860

Amount of Each Receipt this Period
300.00

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

Mailing Address 2990 Longbrooke Way

City State Zip Code
Clearwater FL 33760-1719

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
01 / 28 / 2014
Transaction ID : 21520861

Amount of Each Receipt this Period
500.00

C. Dr. Robert D. Katz
Full Name (Last, First, Middle Initial)

Mailing Address Cortez Foot & Ankle Specialists
1800 Cortez Rd. W.

City State Zip Code
Bradenton FL 34207-1335

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

Name of Employer Occupation
Cortez Foot & Ankle Specialists 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
01 / 28 / 2014
Transaction ID : 21520871

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 33 (check only one)
<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"/>	<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. Michael W. McDonough		Date of Receipt 01 / 28 / 2014 Transaction ID : 21522335
Mailing Address 595 W. Granada Blvd. #F		Amount of Each Receipt this Period 250.00
City Ormond Beach	State Zip Code FL 32174-5182	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed	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. Maria G. Noll		Date of Receipt 01 / 28 / 2014 Transaction ID : 21522342
Mailing Address Foot & Ankle Assoc. of N. Naples 10621 Airport Pulling Rd. N. #4		Amount of Each Receipt this Period 300.00
City Naples	State Zip Code FL 34109-1599	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Foot & Ankle Assoc. of N. Naples	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. Stuart A. Courtney		Date of Receipt 01 / 28 / 2014 Transaction ID : 21522343
Mailing Address 3590 N. 45th Ave.		Amount of Each Receipt this Period 500.00
City Hollywood	State Zip Code FL 33021-2450	
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).....	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 23 OF 33
	<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. Jimelle Rumberg Ph.D., CAE		Date of Receipt 01 / 29 / 2014 Transaction ID : 21523383
Mailing Address 1919 Drew Ave.		Amount of Each Receipt this Period 308.00
City Columbus	State OH	Zip Code 43235-7411
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Podiatric Medical Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) B. Dr. Gene G. Reister		Date of Receipt 01 / 29 / 2014 Transaction ID : 21526007
Mailing Address 4423 Duval Dr.		Amount of Each Receipt this Period 300.00
City Frisco	State TX	Zip Code 75034-2122
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. Nicholas M. Romansky		Date of Receipt 01 / 29 / 2014 Transaction ID : 21526008
Mailing Address 6 Greenstone Way 101 N. Monroe St.		Amount of Each Receipt this Period 300.00
City Malvern	State PA	Zip Code 19355-3500
FEC ID number of contributing federal political committee. C		
Name of Employer Healthmark 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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	908.00
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 33
	<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. Mickey E. Gordon		Date of Receipt MM / DD / YYYY 01 / 29 / 2014 Transaction ID : 21526010
Mailing Address 9955 Tamiami Trl. N. #1		Amount of Each Receipt this Period 250.00
City Naples	State FL	Zip Code 34108-1914
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	

Full Name (Last, First, Middle Initial) B. Dr. William J. Blake		Date of Receipt MM / DD / YYYY 01 / 29 / 2014 Transaction ID : 21526012
Mailing Address 15 Santos Ln. 1 Calle Medico		Amount of Each Receipt this Period 1500.00
City Santa Fe	State NM	Zip Code 87506-8915
FEC ID number of contributing federal political committee. C		
Name of Employer Foot & Ankle Associates, Inc.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven D. Brook		Date of Receipt MM / DD / YYYY 01 / 29 / 2014 Transaction ID : 21526013
Mailing Address 11 Twilight Ct. 155 Mineola Blvd. #B		Amount of Each Receipt this Period 1000.00
City Melville	State NY	Zip Code 11747-3222
FEC ID number of contributing federal political committee. C		
Name of Employer Mineola Foot Care, P.C.	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).....▶	2750.00
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 33
	<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 N. McCann		Date of Receipt MM / DD / YYYY 01 / 29 / 2014 Transaction ID : 21526014
Mailing Address 18 Jonathan Ln. 248 Pleasant St. #203		Amount of Each Receipt this Period 550.00
City Bow	State NH Zip Code 03304-3713	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 550.00
Name of Employer Pillsbury Medical Bldg.	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. Eric John Polansky		Date of Receipt MM / DD / YYYY 01 / 29 / 2014 Transaction ID : 21526015
Mailing Address Advanced Foot & Ankle Care 1000 Michigan St.		Amount of Each Receipt this Period 1001.00
City Sidney	State OH Zip Code 45365-2404	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1001.00
Name of Employer Advanced Foot & Ankle 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. Terry L. Spilken		Date of Receipt MM / DD / YYYY 01 / 29 / 2014 Transaction ID : 21526049
Mailing Address 115 Riviera Dr.		Amount of Each Receipt this Period 500.00
City Monroe	State NJ Zip Code 08831-8907	
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).....▶	2051.00
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 33
	<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. Alan L. Bass
Full Name (Last, First, Middle Initial)

Mailing Address 33 Bloomfield Rd.

City Manalapan	State NJ	Zip Code 07726-7907
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2014

Transaction ID : 21526050

Amount of Each Receipt this Period
500.00

B. Dr. Alan S. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 90 Keats Rd.

City Basking Ridge	State NJ	Zip Code 07920-2616
-----------------------	-------------	------------------------

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
01	/	29	/	2014

Transaction ID : 21526052

Amount of Each Receipt this Period
300.00

C. Dr. Adam M. Budny
Full Name (Last, First, Middle Initial)

Mailing Address 1414 Teds Way

City Duncansville	State PA	Zip Code 16635-7218
----------------------	-------------	------------------------

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
01	/	24	/	2014

Transaction ID : 21528731

Amount of Each Receipt this Period
300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33
	<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. Alan M. Singer
 Full Name (Last, First, Middle Initial)
 Mailing Address 25955 Wellington Ct.
 City Calabasas State CA Zip Code 91302-3124
 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
 01 / 30 / 2014
Transaction ID : 21528817
 Amount of Each Receipt this Period
 250.00

B. Dr. Seth A. Rubenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1322 Pavilion Club Way
 1860 Town Center Dr. #220
 City Reston State VA Zip Code 20194-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Mill Foot & Ankle Center 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
 01 / 30 / 2014
Transaction ID : 21537449
 Amount of Each Receipt this Period
 1000.00

C. Dr. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address 5488 Cricket Ln.
 2356 N. 400 E. #104
 City Tooele State UT Zip Code 84074-8141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tooele Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 21540013
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 28 OF 33
	(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"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Jonathan J. Lubitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Indian River Ave. #601
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 21562613
 Amount of Each Receipt this Period
 300.00

B. Dr. Vito J. Rizzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Brentwood Rd.
 City Bay Shore State NY Zip Code 11706-8011
 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
 01 / 25 / 2014
Transaction ID : 21563618
 Amount of Each Receipt this Period
 300.00

C. Dr. Michael A. Conway
 Full Name (Last, First, Middle Initial)
 Mailing Address 892 N. Broadway
 892 N. Broadway
 City North Massapequa State NY Zip Code 11758-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massapequa Foot Care
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2014
Transaction ID : 21563624
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 33
	<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. Douglas A. O'Heir
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Newland Ave.
 City Waterville State ME Zip Code 04901-5332
 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
 01 / 23 / 2014
Transaction ID : 21563625
 Amount of Each Receipt this Period
 300.00

B. Dr. Andrew Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 Lagoon Dr. W.
 City Lido Beach State NY Zip Code 11561-4916
 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
 01 / 26 / 2014
Transaction ID : 21563628
 Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	37409.00

**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. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : 21508716

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : 21508717

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 2nd Floor
430 S. Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : 21508718

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Mailing Address 120 Maryland Avenue, NE

Transaction ID : 21508719

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Sanford Bishop For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Mailing Address P. O. Box 909

Transaction ID : 21525980

City Columbus State GA Zip Code 31902

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rep. Sanford D. Bishop Jr.

Office Sought: House Senate President
State: GA District: 02

Disbursement For: 2014 Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Mailing Address PO Box 2720

Transaction ID : 21525982

City Cedar Rapids State IA Zip Code 52406

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought: House Senate President
State: IA District: 02

Disbursement For: 2014 Primary General Other (specify) ▼

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

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

10000.00

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**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. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Nancy Pelosi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : 21525988

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : 21525989

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	4

Transaction ID : 21526139

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. PAC to the Future

Mailing Address 430 South Capitol Street, SE
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 contribution

Candidate Name

PAC to the Future

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : 21528835

Amount of Each Disbursement this Period

5000.00

2014 contribution

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Rep. Gregory P. Walden

Office Sought: House
 Senate
 President

State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 21540004

Amount of Each Disbursement this Period

2500.00

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

7500.00

37000.00