

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 02 / 01 / 2014 through 02 / 28 / 2014

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 03 / 18 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="494355.15"/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="507298.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="80603.00"/>	<input type="text" value="130646.50"/>
(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="587901.65"/>	<input type="text" value="625001.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18500.00"/>	<input type="text" value="55500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="569401.65"/>	<input type="text" value="569501.65"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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 02 / 01 / 2014 To: M M / D D / Y Y Y Y 02 / 28 / 2014

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).....	56978.00	94387.00
(ii) Unitemized .....	23625.00	36259.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80603.00	130646.50
(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) .....	80603.00	130646.50
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))..... ▶	80603.00	130646.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80603.00	130646.50

**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.....	18500.00	55500.00
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)) ..	18500.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	55500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	80603.00	130646.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80603.00	130646.50
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr. Richard A. Bellacosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Tanner Woods  
 14615 San Pedro #160  
 City San Antonio State TX Zip Code 78248-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Antonio Podiatry 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  
 02 / 02 / 2014  
**Transaction ID : 21558523**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. William H. Dabdoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Ayshire Ct.  
 City Slidell State LA Zip Code 70461-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : 21563879**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Bret M. Ribotsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 N.E. 38th St. #B  
 City Boca Raton State FL Zip Code 33431-6143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : 21564657**  
 Amount of Each Receipt this Period  
 500.00

<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 7 OF 48
	<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. Franklin C. Ognelodh**  
Full Name (Last, First, Middle Initial)

Mailing Address 2831 Robys Way

City Midlothian State VA Zip Code 23113-1428

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  
02 / 03 / 2014  
**Transaction ID : 21564663**

Amount of Each Receipt this Period  
250.00

**B. Dr. Josh White**  
Full Name (Last, First, Middle Initial)

Mailing Address 562 Ridgewood Rd.

City Maplewood State NJ Zip Code 07040-2100

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  
02 / 03 / 2014  
**Transaction ID : 21564665**

Amount of Each Receipt this Period  
300.00

**C. Dr. David Alan Yeager**  
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Fawn Ridge Dr.  
215 E. 1st St. #310

City Dixon State IL Zip Code 61021-9502

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

Name of Employer KSB Medical Group/Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
02 / 03 / 2014  
**Transaction ID : 21564666**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<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. Bradley W. Bakotic**

Full Name (Last, First, Middle Initial)  
Mailing Address 2965 Manor Bridge Dr.  
6240 Shiloh Rd.

City Alpharetta State GA Zip Code 30004-8813

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

Name of Employer Bako Pathology Associates 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  
02 / 03 / 2014

**Transaction ID : 21564667**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Hal Ornstein**

Full Name (Last, First, Middle Initial)  
Mailing Address 5 Amanda Ln.  
4645 US Hwy. 9 N.

City Howell State NJ Zip Code 07731-8941

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

Name of Employer Affiliated Foot & Ankle Centers Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 21564669**

Amount of Each Receipt this Period  
1005.00

**c. Dr. Joseph M. Caporusso**

Full Name (Last, First, Middle Initial)  
Mailing Address 217 E. Yellowhammer Ave.  
812 Lindberg Ave.

City McAllen State TX Zip Code 78504-1622

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

Name of Employer Complete Family Foot Care 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  
02 / 06 / 2014

**Transaction ID : 21564673**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2505.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Garry W. Neltner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3117 Hudnall Ln.  
 7711 Ewing Blvd.  
 City Edgewood State KY Zip Code 41017-2320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot Care Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : 21564674**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Kirk W. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Monroe Dr.  
 City Chambersburg State PA Zip Code 17201-7914  
 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  
 02 / 03 / 2014  
**Transaction ID : 21567778**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Suneel Kumar Basra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6102 City Pl.  
 City Edgewater State NJ Zip Code 07020-3173  
 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  
 02 / 03 / 2014  
**Transaction ID : 21567779**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 48  
(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 C. Schink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Cameo Dr.  
 City Eugene State OR Zip Code 97405-5897  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  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  
 02 / 03 / 2014  
**Transaction ID : 21567780**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Maureen L. Crotty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4734 S. Yorktown Pl.  
 3627 S. Harvard Ave.  
 City Tulsa State OK Zip Code 74105-4931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Green Country Podiatry 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  
 02 / 04 / 2014  
**Transaction ID : 21567795**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Lynn LeBlanc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Trevor Ln.  
 City East Granby State CT Zip Code 06026-9667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2014  
**Transaction ID : 21567803**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
	<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. Gary A. Raymond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1760 Frankstown Rd.  
 City Hollidaysburg State PA Zip Code 16648-7184  
 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 **02 / 06 / 2014**  
**Transaction ID : 21567815**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Paul D. Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Serena Pl.  
 City American Canyon State CA Zip Code 94503-3150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vallejo Foot & Ankle Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 07 / 2014**  
**Transaction ID : 21567822**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Angela P. Dominique**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6244 Dorsett Woods Dr. 3524 Decatur Hwy. #301  
 City Mount Olive State AL Zip Code 35117-3644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fultondale Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 07 / 2014**  
**Transaction ID : 21567823**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**  
**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 48
	<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. John D. Ruff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6801 N. Ruff Ln.  
City Peoria State IL Zip Code 61614-2843  
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 **02 / 07 / 2014**  
**Transaction ID : 21567824**  
Amount of Each Receipt this Period **500.00**

**B. Dr. James M. Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10218 Mantle Ct.  
City Oklahoma City State OK Zip Code 73162-4437  
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 **02 / 07 / 2014**  
**Transaction ID : 21567825**  
Amount of Each Receipt this Period **300.00**

**C. Dr. Michael J. Hriljac**  
Full Name (Last, First, Middle Initial)  
Mailing Address 745 McClintock Dr. #340  
City Burr Ridge State IL Zip Code 60527-0853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Illinois Podiatric Medical Association Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 07 / 2014**  
**Transaction ID : 21567826**  
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 13 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jeffrey R. Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 W. Maple St. #2006

City Chicago State IL Zip Code 60610-5452

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

Name of Employer Weil Foot & Ankle Institute 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  
 02 / 12 / 2014

**Transaction ID : 21569488**

Amount of Each Receipt this Period  
 500.00

**B. Dr. William J. McShane**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 Ashland Ave.  
66 W. Merrick Rd.

City North Baldwin State NY Zip Code 11510-2624

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

Name of Employer Harbor Podiatry, P.C. Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : 21570560**

Amount of Each Receipt this Period  
 500.00

**C. Dr. Scott B. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 10585 Rutledge Rd.  
1005 Pennsylvania Ave. #202

City Ottumwa State IA Zip Code 52501-8995

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

Name of Employer Ottumwa Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : 21570562**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 14 OF 48
	<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 Tritto**  
Full Name (Last, First, Middle Initial)

Mailing Address 14409 White Tree Pl.  
11801 Rockville Pk. #105

City North Potomac State MD Zip Code 20878-4354

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  
02 / 11 / 2014  
**Transaction ID : 21570568**

Amount of Each Receipt this Period  
500.00

**B. Dr. Lawrence S. MacTavish**  
Full Name (Last, First, Middle Initial)

Mailing Address 2702 Northgate Village Dr.

City Houston State TX Zip Code 77068-1453

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  
02 / 11 / 2014  
**Transaction ID : 21570571**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 5158 Timber Race Course  
615 Wesley Dr. #340

City Hollywood State SC Zip Code 29449-5969

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

Name of Employer Carolina Foot Specialists Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
02 / 11 / 2014  
**Transaction ID : 21570575**

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 48
	<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. Richard E. Horsman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 Centerwood Dr.  
 3525 Ensign Rd. N.E. #L  
 City Olympia State WA Zip Code 98501-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Sound Foot & Ankle 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  
 02 / 11 / 2014  
**Transaction ID : 21570578**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Atta J. Asef**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 Grey Fox Fun  
 City Bentleyville State OH Zip Code 44022  
 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  
 02 / 11 / 2014  
**Transaction ID : 21570583**  
 Amount of Each Receipt this Period  
 250.00

**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  
 02 / 11 / 2014  
**Transaction ID : 21570585**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 48
	<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. Ali M. Safiedine**  
Full Name (Last, First, Middle Initial)

Mailing Address 25101 Fairway Dr.

City	State	Zip Code
Dearborn	MI	48124-1733

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	11	/	2014

**Transaction ID : 21570588**

Amount of Each Receipt this Period  
2500.00

**B. Mr. Herman Hammerschmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Brandon Road

City	State	Zip Code
Lawrenceville	NJ	08648-1502

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

Name of Employer	Occupation
New Jersey Podiatric Medical Society	Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
303.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	11	/	2014

**Transaction ID : 21570594**

Amount of Each Receipt this Period  
303.00

**C. Dr. Catherine M. Hudson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Medical Center Blvd. #N-507

City	State	Zip Code
Marrero	LA	70072-3151

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
02	/	14	/	2014

**Transaction ID : 21572956**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3303.00
<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 17 OF 48
	<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. Denise Lea Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Center  
 1111 Medical Center Blvd. #N507  
 City Marrero State LA Zip Code 70072-3151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot & Ankle 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  
 02 / 14 / 2014  
**Transaction ID : 21572958**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Kent L. Magrini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Brownwood Estate  
 5004 S. U St. #101B  
 City Fort Smith State AR Zip Code 72916-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot Health 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  
 02 / 10 / 2014  
**Transaction ID : 21573076**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Angie Lynn Glynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4343 N. 600 E.  
 City Franklin State IN Zip Code 46131-7865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2014  
**Transaction ID : 21573077**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 18 OF 48 (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**

**A. Dr. Rae Louise Lantsberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6417 S.E. 49th Ave.  
 610 S.W. Alder St. #506  
 City Portland State OR Zip Code 97206-6914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gresham 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  
 02 / 10 / 2014  
**Transaction ID : 21573078**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Edward A. Schulz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1613 Virginia Ave.  
 550 N. Midlothian Rd. # 100  
 City Libertyville State IL Zip Code 60048-4447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mundelein Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  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  
 02 / 10 / 2014  
**Transaction ID : 21573079**  
 Amount of Each Receipt this Period  
 500.00

**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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2014  
**Transaction ID : 21573080**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 48
	<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. Jerry D. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1585 Del Mar Cir.  
2565 Channing Way

City Idaho Falls State ID Zip Code 83404-7400

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

Name of Employer Eastern ID Foot Clinic Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
02 / 10 / 2014  
**Transaction ID : 21573081**

Amount of Each Receipt this Period  
300.00

**B. Dr. Charles M. Cavicchio**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Greenwood Ln.

City Lincoln State RI Zip Code 02865-4726

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  
02 / 10 / 2014  
**Transaction ID : 21573082**

Amount of Each Receipt this Period  
300.00

**C. Dr. Dennis L. Turner**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Wedgewood Way

City Scotch Plains State NJ Zip Code 07076-2727

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  
02 / 12 / 2014  
**Transaction ID : 21573093**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<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. Kevin Holton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2805 Jasmine Ct.

City Saint Cloud	State MN	Zip Code 56301-9467
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : 21573094**

Amount of Each Receipt this Period  
500.00

**B. Dr. Ahmad R. Farah**  
Full Name (Last, First, Middle Initial)

Mailing Address 12817 Don Allen Dr.

City Carleton	State MI	Zip Code 48117-9269
------------------	-------------	------------------------

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
02	/	11	/	2014

**Transaction ID : 21573541**

Amount of Each Receipt this Period  
250.00

**C. 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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2014

**Transaction ID : 21573542**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 21 OF 48
	<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. Anthony Hugh Morgan</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2014 <b>Transaction ID : 21573715</b>
Mailing Address 75 Doubleday Rd. 7 Park Ave.		Amount of Each Receipt this Period 250.00
City Columbia	State CT	Zip Code 06237-1400
FEC ID number of contributing federal political committee. C	Name of Employer Colchester Foot Specialists	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>B. Dr. John M. Wray</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : 21575662</b>
Mailing Address 916 Claremont Dr.		Amount of Each Receipt this Period 250.00
City Downers Grove	State IL	Zip Code 60516-3541
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>C. Dr. Gary F. Stones</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 <b>Transaction ID : 21576442</b>
Mailing Address 134 Hayes St.		Amount of Each Receipt this Period 500.00
City Garden City	State NY	Zip Code 11530-1001
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).....▶	1000.00
<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 48
	<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. Alvin J. Kanegis**  
Full Name (Last, First, Middle Initial)

Mailing Address 78 Page Ln.

City Westbury State NY Zip Code 11590-6213

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 02 / 06 / 2014  
**Transaction ID : 21576443**

Amount of Each Receipt this Period 300.00

**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 ▼ 400.00

Date of Receipt 02 / 11 / 2014  
**Transaction ID : 21577720**

Amount of Each Receipt this Period 400.00

**C. Dr. Marc Weitzman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10425 Kingston Ave.

City Huntington Woods State MI Zip Code 48070-1113

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 02 / 11 / 2014  
**Transaction ID : 21577721**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48
	<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. Marc Weitzman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10425 Kingston Ave.

City State Zip Code  
Huntington Woods MI 48070-1113

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 ▼  
**600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : 21577722**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 49450 Hudson Dr.

City State Zip Code  
Canton MI 48188-1979

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  
**02 / 11 / 2014**

**Transaction ID : 21577723**

Amount of Each Receipt this Period  
**300.00**

**C. Dr. Marc A. Borovoy**  
Full Name (Last, First, Middle Initial)

Mailing Address 6827 Minnow Pond Dr.  
26750 Providence Pkwy. #130

City State Zip Code  
West Bloomfield MI 48322-2664

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

Name of Employer Occupation  
Associated Podiatrists 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  
**02 / 11 / 2014**

**Transaction ID : 21577724**

Amount of Each Receipt this Period  
**500.00**

<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: PAGE 24 OF 48  
(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. 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 ▼ 500.00

Date of Receipt 02 / 11 / 2014  
**Transaction ID : 21577725**  
 Amount of Each Receipt this Period 100.00

**B. Dr. Michael H. Theodoulou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Puritan Dr.  
 City Bedford State NH Zip Code 03110-6045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHAPO Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2014  
**Transaction ID : 21577726**  
 Amount of Each Receipt this Period 500.00

**C. 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 ▼ 2520.00

Date of Receipt 02 / 12 / 2014  
**Transaction ID : 21577727**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**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 48
	<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. 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : 21577729**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Patrick A. DeHeer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3933 E. 191st St.  
 City State Zip Code  
 Westfield IN 46062-9238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hoosier Foot & Ankle Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2014  
**Transaction ID : 21577855**  
 Amount of Each Receipt this Period  
 1500.00

**C. Dr. Keith Justin Luper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Marina Blvd.  
 City State Zip Code  
 Mandeville LA 70471-1513  
 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 ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2014  
**Transaction ID : 21577878**  
 Amount of Each Receipt this Period  
 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2450.00
<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 48
	<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. Denise Lea Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Center  
 1111 Medical Center Blvd. #N507  
 City Marrero State LA Zip Code 70072-3151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 18 / 2014**  
**Transaction ID : 21581494**  
 Amount of Each Receipt this Period **500.00**

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

Date of Receipt **02 / 18 / 2014**  
**Transaction ID : 21581496**  
 Amount of Each Receipt this Period **300.00**

**c. Dr. Gregory M. Jansyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 927 S. Peale Ave.  
 City Park Ridge State IL Zip Code 60068-4961  
 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 **02 / 18 / 2014**  
**Transaction ID : 21581499**  
 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 27 OF 48  
(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. Dharmesh Pravin Bhakta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Hidden Lake Ct.  
 City Mansfield State TX Zip Code 76063-5466  
 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  
 02 / 18 / 2014  
**Transaction ID : 21581501**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Matt Andrew Heilala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16734 Briarcliff Pointe  
 4100 Lake Otis Pkwy. #312  
 City Anchorage State AK Zip Code 99516-5432  
 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  
 02 / 18 / 2014  
**Transaction ID : 21581502**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Carolyn E. McAloon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Pradera Way  
 20100 Lake Chabot Rd. #2  
 City San Ramon State CA Zip Code 94583-5365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Bay Area Foot Care 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  
 02 / 18 / 2014  
**Transaction ID : 21581504**  
 Amount of Each Receipt this Period  
 300.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 48  
(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. Ronald G. Cervetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Cedar Valley Podiatry  
 4508 Chadwick Rd.  
 City Cedar Falls State IA Zip Code 50613-7958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cedar Valley Podiatry 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  
 02 / 18 / 2014  
**Transaction ID : 21581506**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Richard A. Bronfman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address AR Foot & Ankle Clinic  
 1501 Aldersgate Rd.  
 City Little Rock State AR Zip Code 72205-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AR Foot & Ankle Clinic 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  
 02 / 18 / 2014  
**Transaction ID : 21581507**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Chad A. Summy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Foot & Ankle Specialists  
 2705 Samson Way  
 City Bellevue State NE Zip Code 68123-4307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summy Foot & Ankle P.C. 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  
 02 / 18 / 2014  
**Transaction ID : 21581508**  
 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 29 OF 48
	<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. Marc A. Lederman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Livingston Rd.  
 2531 Albany Ave.  
 City Collinsville State CT Zip Code 06019-3050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer W. Hartford Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2014  
**Transaction ID : 21581509**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Carlton G. Purvis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Old Coach Rd.  
 3301 Sunset Ave.  
 City Rocky Mount State NC Zip Code 27804-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Purvis Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2014  
**Transaction ID : 21581510**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Barry Saffran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5949 Farview Woods Dr.  
 3020 Hamaker Ct. #201  
 City Fairfax Station State VA Zip Code 22039-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center for Foot & Ankle Care, P.C. 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  
 02 / 18 / 2014  
**Transaction ID : 21581513**  
 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 30 OF 48
	<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. Faith C. Shapiro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6209 Alt Monte Ave. N.E.  
 1903 Wyoming Blvd. N.E. #C  
 City Albuquerque State NM Zip Code 87110-2101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer S.W. Podiatry 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  
 02 / 14 / 2014  
**Transaction ID : 21581980**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Seth Lee Launer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 E. Alary Ln.  
 City Corrales State NM Zip Code 87048-8307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ABQ Health Partners 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  
 02 / 14 / 2014  
**Transaction ID : 21581981**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Helena Anne Reid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 35th Ave. Pl. #102  
 City Moline State IL Zip Code 61265-8026  
 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  
 02 / 18 / 2014  
**Transaction ID : 21581990**  
 Amount of Each Receipt this Period  
 1000.00

<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 31 OF 48
	<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. Briant G. Moyles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 Franklyn Ave.  
 211 E. New Haven Ave.  
 City Indialantic State FL Zip Code 32903-4603  
 Name of Employer Melbourne Podiatry 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  
 02 / 18 / 2014  
**Transaction ID : 21581991**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Elizabeth G. Tice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Windsor Ct.  
 City Ridgeland State MS Zip Code 39157-8741  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2014  
**Transaction ID : 21581992**  
 Amount of Each Receipt this Period  
 300.00

**c. Dr. Charles G. Kissel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Christine Dr.  
 29433 Ryan Rd.  
 City Grosse Pointe Farms State MI Zip Code 48236-3722  
 Name of Employer Medical Center Footcare 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  
 02 / 18 / 2014  
**Transaction ID : 21581993**  
 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 32 OF 48 (check only one) [X] 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

Form for Dr. Scott Frederick Jorgensen: Full Name, Mailing Address, City, State, Zip Code, FEC ID number, Name of Employer, Occupation, Receipt For, and Aggregate Year-to-Date.

Form for Dr. Scott Frederick Jorgensen: Date of Receipt (02/19/2014), Transaction ID (21582015), and Amount of Each Receipt (500.00).

Form for Dr. Oliver S. Foster: Full Name, Mailing Address, City, State, Zip Code, FEC ID number, Name of Employer, Occupation, Receipt For, and Aggregate Year-to-Date.

Form for Dr. Oliver S. Foster: Date of Receipt (02/19/2014), Transaction ID (21582016), and Amount of Each Receipt (300.00).

Form for Dr. Frank S. Campo: Full Name, Mailing Address, City, State, Zip Code, FEC ID number, Name of Employer, Occupation, Receipt For, and Aggregate Year-to-Date.

Form for Dr. Frank S. Campo: Date of Receipt (02/19/2014), Transaction ID (21582017), and Amount of Each Receipt (300.00).

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48
	<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. Ira H. Kraus**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Dogwood Trl.  
4308 Brainerd Rd.

City Ringgold State GA Zip Code 30736-2725

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

Name of Employer Advanced Foot Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
02 / 20 / 2014  
**Transaction ID : 21582043**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Richard E. Ehle**  
Full Name (Last, First, Middle Initial)

Mailing Address 61 Black Walnut Ln.  
51 Burlington Ave.

City Burlington State CT Zip Code 06013-2205

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

Name of Employer CT Foot Care Centers Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 20 / 2014  
**Transaction ID : 21582951**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 190 Old Mill Rd.

City Fairfield State CT Zip Code 06824-4928

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
02 / 20 / 2014  
**Transaction ID : 21582952**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<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. Arnold S. Beresh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 Chadwick Pl.  
 2202 Executive Dr. #A  
 City Newport News State VA Zip Code 23606-3169  
 Name of Employer Peninsula Foot & Ankle Specialist 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  
 02 / 21 / 2014  
**Transaction ID : 21582963**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Jon A. Hultman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2011 Thayer Ave.  
 City Los Angeles State CA Zip Code 90025-5296  
 Name of Employer California Podiatric Medical Associati Occupation Executive Director  
 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  
 02 / 21 / 2014  
**Transaction ID : 21584353**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Harry Goldsmith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13337 E. South St. #325  
 City Cerritos State CA Zip Code 90703-7308  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2014  
**Transaction ID : 21584354**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 35 OF 48
	<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. Roderick D. Farley</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 <b>Transaction ID : 21586434</b>
Mailing Address 8001 Merissa Ln. N.E.		Amount of Each Receipt this Period 300.00
City Albuquerque	State NM	Zip Code 87122-3763
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Nathan D. Ivey</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 <b>Transaction ID : 21586435</b>
Mailing Address 6912 Kalgan Rd. N.E. 4343 Pan American Fwy. N.E. #234		Amount of Each Receipt this Period 300.00
City Rio Rancho	State NM	Zip Code 87144-3529
FEC ID number of contributing federal political committee. C		
Name of Employer New Mexico Foot & Ankle Institute	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. William Cabell Adams</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 <b>Transaction ID : 21586454</b>
Mailing Address 600 Epic Way #439		Amount of Each Receipt this Period 300.00
City San Jose	State CA	Zip Code 95134-2767
FEC ID number of contributing federal political committee. C		
Name of Employer MedStar Health	Occupation Podiatric Medical Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 36 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Benjamin J. Wallner</b>		Date of Receipt
Mailing Address 7512-H Snowpea Ct.		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Alexandria	State VA	Zip Code 22306-2256
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 21586465</b>
Name of Employer American Podiatric Medical Association		Amount of Each Receipt this Period
Occupation Director		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Dr. Samuel Nava Jr.</b>		Date of Receipt
Mailing Address 8381 Navisota Dr. 4333 N. Josey Ln. Plz. II #102		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Lantana	State TX	Zip Code 76226-7344
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 21586581</b>
Name of Employer S.W. Podiatry Associates		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Dr. John M. Wray</b>		Date of Receipt
Mailing Address 916 Claremont Dr.		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Downers Grove	State IL	Zip Code 60516-3541
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 21587079</b>
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="750.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 37 OF 48  
(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. Richard H. Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11082 S. Military Trl.  
 City Boynton Beach State FL Zip Code 33436-7217  
 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  
 02 / 25 / 2014  
**Transaction ID : 21587101**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Patricia Eileen Cain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 S.E. Oak St.  
 1510 Divison St. #80  
 City Portland State OR Zip Code 97214-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon City Foot Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : 21587103**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Brian W. Cornell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Algonquin Dr.  
 City Middletown State RI Zip Code 02842-4573  
 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  
 02 / 25 / 2014  
**Transaction ID : 21587104**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 48 (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"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Raymond G. Cavaliere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Cedar Ridge Ln.  
City Dix Hills State NY Zip Code 11746-7941  
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 **02 / 25 / 2014**  
**Transaction ID : 21587105**  
Amount of Each Receipt this Period **300.00**

**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 **500.00**

Date of Receipt **02 / 25 / 2014**  
**Transaction ID : 21587106**  
Amount of Each Receipt this Period **250.00**

**C. Dr. Alan J. Discont**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8880 E Withersfield Rd.  
600 S. Dobson Rd. #D35  
City Scottsdale State AZ Zip Code 85260-5009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Family Foot & Ankle Care Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**  
**Transaction ID : 21587107**  
Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</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 39 OF 48
	<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. Marque Anthony Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Santa Ursula

City Helotes State TX Zip Code 78023-4338

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  
02 / 25 / 2014  
**Transaction ID : 21587108**

Amount of Each Receipt this Period  
500.00

**B. Dr. Jay D. Lifshen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5706 Windmier Cir.  
2001 N. MacArthur Blvd. #300

City Dallas State TX Zip Code 75252-5007

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

Name of Employer S.W. Podiatry Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
02 / 25 / 2014  
**Transaction ID : 21587109**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Brent Martin Harwood**  
Full Name (Last, First, Middle Initial)

Mailing Address Southeast Podiatry  
23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532-3353

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

Name of Employer Southeast Podiatry Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 25 / 2014  
**Transaction ID : 21587111**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 48
	<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. Barry M. Schulman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7930 Diamondhead Dr.  
 106 Stuart Rd.  
 City Ooltewah State TN Zip Code 37363-9783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer My Foot Doctor Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : 21587112**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Curtis L. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4427 W. Jewelwood Ct.  
 5017 N. Glen Park Pl.  
 City Peoria State IL Zip Code 61615-8933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACPM Podiatry Group Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : 21587114**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Lisa M. Schoene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 659 W. Wellington Ave. #3W  
 351 S. Greenleaf St. #C  
 City Chicago State IL Zip Code 60657-5305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gurnee Podiatry & Sports Medicine 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  
 02 / 25 / 2014  
**Transaction ID : 21587118**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 41 OF 48
	<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. Blake Odell Zobell**  
Full Name (Last, First, Middle Initial)

Mailing Address 855 N. 225 W.

City Richfield	State UT	Zip Code 84701-1775
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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 ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2014

**Transaction ID : 21587129**

Amount of Each Receipt this Period  
250.00

**B. Dr. Richard B. Viehe**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Inverness Ln.

City Newport Beach	State CA	Zip Code 92660-5110
-----------------------	-------------	------------------------

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
02	/	25	/	2014

**Transaction ID : 21587131**

Amount of Each Receipt this Period  
300.00

**C. Dr. John L. Bostanche**  
Full Name (Last, First, Middle Initial)

Mailing Address 23373 98th St.

City Salem	State WI	Zip Code 53168-8924
---------------	-------------	------------------------

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
02	/	25	/	2014

**Transaction ID : 21587132**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 42 OF 48
	<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. Richard Pat Mistretta**  
Full Name (Last, First, Middle Initial)

Mailing Address 1745 Riverglen Dr.  
3071 Peachtree Industrial Blvd. #1

City Suwanee State GA Zip Code 30024-1864

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

Name of Employer: Affiliated Foot & Ankle  
Occupation: Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 25 / 2014  
**Transaction ID : 21587135**

Amount of Each Receipt this Period  
250.00

**B. Dr. Johnnie L. Alston**  
Full Name (Last, First, Middle Initial)

Mailing Address 3452 Dalraida Pkwy.  
2167 Normandie Dr.

City Montgomery State AL Zip Code 36109-2216

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

Name of Employer: Self-Employed  
Occupation: Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
02 / 25 / 2014  
**Transaction ID : 21587151**

Amount of Each Receipt this Period  
250.00

**C. Dr. Debra Mary Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address South Baldwin Podiatry  
1770 N. Alston St.

City Foley State AL Zip Code 36535-2274

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

Name of Employer: S. Baldwin Podiatry, P.C.  
Occupation: Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 24 / 2014  
**Transaction ID : 21587762**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 43 OF 48
	<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. Lindsay D. Barth**  
Full Name (Last, First, Middle Initial)

Mailing Address 3120 Hawthorne Blvd.  
2315 Dougherty Ferry Rd. #110

City Saint Louis State MO Zip Code 63104-1606

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

Name of Employer Tesson Ferry Foot & Ankle Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2014  
**Transaction ID : 21587763**

Amount of Each Receipt this Period 500.00

**B. Dr. Leslie G. Levy**  
Full Name (Last, First, Middle Initial)

Mailing Address 23501 Cinema Dr. #209

City Valencia State CA Zip Code 91355-5430

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 02 / 24 / 2014  
**Transaction ID : 21587764**

Amount of Each Receipt this Period 500.00

**C. Dr. Kathleen Toepp Neuhoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 21730 Roosevelt Rd.  
727 E. Jefferson Blvd.

City South Bend State IN Zip Code 46614-9259

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

Name of Employer Family Footcare Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2014  
**Transaction ID : 21587765**

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 44 OF 48
	<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. Bradley J. Magill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Saddle Club Rd.  
 City Punxsutawney State PA Zip Code 15767-3669  
 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: **02 / 25 / 2014**  
**Transaction ID : 21587780**  
 Amount of Each Receipt this Period: **250.00**

**B. Dr. Douglas T. Gillis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Arroyo Foot & Ankle Clinic  
 780 S. Walnut St. #3  
 City Las Cruces State NM Zip Code 88001-1425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Arroyo Foot & Ankle Clinic Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: **02 / 27 / 2014**  
**Transaction ID : 21587815**  
 Amount of Each Receipt this Period: **500.00**

**C. Dr. Hsiao-ch'un Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Arroyo Foot & Ankle Clinic  
 780 S. Walnut St. #3  
 City Las Cruces State NM Zip Code 88001-1425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Arroyo Foot & Ankle Clinic Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: **02 / 27 / 2014**  
**Transaction ID : 21587816**  
 Amount of Each Receipt this Period: **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</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 45 OF 48  
(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. Alan E. Singer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Golden Crest Ct.  
 City State Zip Code  
 Rockville MD 20854-2982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Podiatric Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2014  
**Transaction ID : 21589323**  
 Amount of Each Receipt this Period  
 1000.00

**B. 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 / D D / Y Y Y Y Y Y  
 02 / 27 / 2014  
**Transaction ID : 21589324**  
 Amount of Each Receipt this Period  
 300.00

**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).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	56978.00

**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)

21b     22     23     24     25     26  
 27     28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph      State MI      Zip Code 49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frederick Stephen Upton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary     General  
 Other (specify) ▼

State: MI      District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2014

**Transaction ID : 21563132**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles      State CA      Zip Code 90017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Adam B. Schiff**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary     General  
 Other (specify) ▼

State: CA      District: 29

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2014

**Transaction ID : 21563198**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh      State PA      Zip Code 15234

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tim F. Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary     General  
 Other (specify) ▼

State: PA      District: 18

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2014

**Transaction ID : 21563199**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

**Transaction ID : 21563269**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Davis for Congress**

Mailing Address 5630 W. Division St.

City Chicago State IL Zip Code 60651

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Danny K. Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

**Transaction ID : 21563830**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

**Transaction ID : 21564648**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6000.00
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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. 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

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

**Transaction ID : 21569415**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	8	5	0	0	.	0	0
---	---	---	---	---	---	---	---