Image# 14960906380			1	PAGE 1 / 30
	PORT OF R D DISBURS	EMENTS	Office	Use Only
1. NAME OF TYPE COMMITTEE (in full)	or Print V	Example: If typing, type over the lines.	-	Use Only
American Podiatric Medica	al Association Politic	al Action Committe	ee	
ADDRESS (number and street)	12 Old Georgetown Road			
Check if different				
than previously reported. (ACC)	ethesda		MD 208	³¹⁴⁻¹⁶⁹⁸ – Landa I.
2. FEC IDENTIFICATION NUMBE	R▼ CITY▲		STATE 🔺	ZIP CODE
С соооввзэ	3. IS TH REPO		DR × AMENDE	D
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 	 Monthly Report Due On: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the: 	(M3) Jun 20 (M6) Sep 20 (M9	 (Non-Election Year Only) Dec 20 (M1: (Non-Election Year Only)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election or		/ Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S
Termination Report (TER)	Report for the: Election or			in the State of
5. Covering Period 10	01 / Y Y Y Y 01 2013	through 1		2013
I certify that I have examined this Re		knowledge and belief it	is true, correct and comp	blete.
	: Randy Kaplan DPM Kaplan DPM	[Electronically Filed]		D D / Y Y Y Y 16 2014
		and authiast the nerson sign	ing this Report to the pena	altion of 2 LICC 8427a

05/16/2014 14 : 34

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Podiatric Medical Association Political Action Committee

R	eport Covering the Period: From:	10 / Y Y Y Y 10 01 2013	To: 10 / D D / Y Y Y Y 10 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		240465.66
	(b) Cash on Hand at Beginning of Reporting Period	488004.65	
	(c) Total Receipts (from Line 19)	26211.50	411680.49
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	514216.15	652146.15
7.	Total Disbursements (from Line 31)	13500.00	151430.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	500716.15	500716.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

		TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	Irite or Type Committee Name		
F	American Podiatric Medical Association	on Political Action Committee	
R	eport Covering the Period: From: 10	/ D D / Y Y Y Y Y Y 01 2013 1	To: 10 / 2013
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	14316.00	268744.00
	(ii) Unitemized	, 11895.50	136936.49
	(iii) TOTAL (add	00044.50	105000 10
	Lines 11(a)(i) and (ii)▶	26211.50	405680.49
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	26211.50	405680.49
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
		0.00	
13.	All Loans Received	0.00	0.00
		0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made		
	to Federal Candidates and Other	0.00	6000.00
17	Political Committees Other Federal Receipts	0.00	7 7 7
.,.	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
	(h) Levin Funda (from Cohodula LIF)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	7 7 7	
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	L		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))►	26211.50	411680.49
_			7
20.	Total Federal Receipts	26211 50	111600 10
	(subtract Line 18(c) from Line 19)►	26211.50	411680.49

Image# 14960906382

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
(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	7 7 7 600	
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	13500.00	150500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	930.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	930.00
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13500.00	151 100 0
	13300.00	151430.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	13500.00	151430.00

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	26211.50	405680.49				
I. Total Contribution Refunds (from Line 28(d))	0.00	930.00				
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	26211.50	404750.49				
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00				
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

FOR LINE NUMBER:

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PAGE 6 OF

'			Detailed Summary Page		< 11a		11b	11c		12	<u> </u>					
	y information copied from such Reports and St															
	for commercial purposes, other than using the															
	American Podiatric Medical Ass	ociation I	Political Action Commit	ttee												
A.	Full Name (Last, First, Middle Initial) Dr. Theodore Andrew Buccilli Jr.				Date o	of Re	eceipt									
	Mailing Address 4403 Clover Dr.				10 / D D / Y Y Y Y 2013											
	City Ravenna	State OH	Zip Code 44266-8636		Transaction ID : 21159779 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					3			100	.00					
	Name of Employer NEO Foot & Ankle Surgical Associates	Occupation Podiatric Pl														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
В.	Full Name (Last, First, Middle Initial) Dr. Kelvin H. Nguyen						Date of Receipt									
	Mailing Address 8672 Bermuda Ave.		M 10	/	02		2(013	Y							
	City Westminster	State CA	Zip Code 92683-7260					2118692 Receipt tl		Doriod						
	FEC ID number of contributing federal political committee.	С							25.	00						
	Name of Employer Self Employed	Occupation Podiatric Ph														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
c.	Full Name (Last, First, Middle Initial) Dr. James Robert Shipley				Date o	of Re	eceipt									
	Mailing Address 479 Laurelyn Dr.				M 10	/	05			013	Y					
	City Mount Airy	State NC	Zip Code 27030-7486					: 211922 Receipt tl		Period						
	FEC ID number of contributing federal political committee.	С					,			25	.00					
	Name of Employer	Occupation														
	Self-Employed Receipt For:	Podiatric Pl	nysician													
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)	L	225.00	4												
s	UBTOTAL of Receipts This Page (optional)			•			, .	- 7		150.	00					
т	OTAL This Period (last page this line number of	only)		•			,									

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PAGE 7 OF

'			Detailed Summary Page		11a 13	-	11b 14	11c		12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose o	f soliciting	g cont	tributi	ons			
	American Podiatric Medical Asso													
A .	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct.				Date of Receipt									
	City	State	Zip Code		10 06 2013 Transaction ID : 21192295									
	Slidell	LA	70461-5034	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7			150.0	00			
	Name of Employer Self-Employed	Occupation Podiatric Pl												
	Receipt For: Primary General Other (specify) ▼]												
в.	Full Name (Last, First, Middle Initial)		Date of Receipt											
	Mailing Address 6224 Gordon Ln.		M M	/	04		201	ү 3	Y					
	City Fort Smith	State AR	Zip Code 72903-2633					: 2119247 Receipt tl		riod				
	FEC ID number of contributing federal political committee.	С					,	,	-	300.0	00			
	Name of Employer Self-Employed	Occupation Podiatric Ph												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]										
с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt							
	Mailing Address 190 Old Mill Rd.				^M 10	/	03		201		Y			
	City Fairfield	State CT	Zip Code 06824-4928					: 211924 Receipt tl		riod				
	FEC ID number of contributing federal political committee.	С					,			300.	00			
	Name of Employer	Occupation												
	Self-Employed Receipt For:	Podiatric Pl	,	_										
	Primary General Other (specify) ▼	Aygregate	Year-to-Date ▼ 300.00											
s	UBTOTAL of Receipts This Page (optional)						7			750.0	00			
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PAGE 8 OF

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	for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)		Delitical Action Oracity											
	American Podiatric Medical Ass	ociation I	Political Action Comm	ittee										
A.	Full Name (Last, First, Middle Initial) Dr. Richard Chwastiak				Date of Receipt									
	Mailing Address 615 E. Broad St.				10 03 2013									
	City	State	Zip Code			sact	tion		2119247		10			
	Tamaqua	PA	18252-2206		Amou	nt of	Ea	ch Re	eceipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					7		7		250.	00		
	Name of Employer	Occupation												
	Self-Employed	Podiatric Ph	nysician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		250.00											
в.	Full Name (Last, First, Middle Initial) Dr. Mark Superstein		Date of Receipt											
	Mailing Address 707 Woodbury Hwy.		м 10	VI /		01	/ Y	_20 ²	13	Y				
	City	State	Zip Code		Tran	sact	tion	ID : 2	2119247			_		
	Manchester	TN	37355-1414		Amou	nt of	Ead	ch Re	eceipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.				J		7		250.	00				
	Name of Employer	Occupation												
	Middle TN Foot Associates	Podiatric Ph	iysician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		250.00											
			<u>, , , , , , , , , , , , , , , , , , , </u>	11.										
с.	Full Name (Last, First, Middle Initial) Dr. Fred Marino				Date	of Re	ecei	pt						
	Mailing Address 1034 N. Highland Ave. #B				[™] 10	VI /		02	/ Y	ү 20	ү 13	Y		
	City	State TN	Zip Code						2119272					
	Murfreesboro	11N	37130-2463		Amou	nt of	Ead	ch Re	eceipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					7		7		300.	00		
	Name of Employer	Occupation												
	Self-Employed	Podiatric Ph	nysician											
	Receipt For: Primary General	Aggregate	Year-to-Date V											
	Other (specify)		300.00	11										
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			Detailed Summary Page		11a 13	_	11b 14	11c	12		17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ributi	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass													
A.	Full Name (Last, First, Middle Initial) Dr. Brian D. Jackson				Date of Receipt									
	Mailing Address 1230 Old Hwy. 50-A		7.0.1		10 02 2013									
	City Columbia	State TN	Zip Code 38401-8147		Transaction ID : 21192729 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					9	- 7	10	000.0	00			
	Name of Employer Middle TN Foot & Ankle Clinic	Occupation Podiatric Ph												
	Receipt For: Primary General Other (specify) ▼]												
в.	Full Name (Last, First, Middle Initial) Dr. Chad Eric Webster				Date o	f Re	eceipt							
	Mailing Address 5531 Gwynne Rd.		M M	/	02		y 2013	Y 3	ſ					
	City Memphis	State TN	Zip Code 38120-2004					2119273 Receipt th		iod				
	FEC ID number of contributing federal political committee.	С					7			250.0	0			
	Name of Employer Mid-South Foot & Ankle Specialists	Occupation Podiatric Ph												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
с.	Full Name (Last, First, Middle Initial) Dr. Sanjay V. Patel				Date o	f Re	eceipt							
	Mailing Address Family Foot Care & Surgery, L 309 Seaside Ave. #202				м м 10	/	03		y 2013	ү 3	Ŷ			
	City Milford	State CT	Zip Code 06460-4632					2119297 Receipt th		iod				
	FEC ID number of contributing federal political committee.	С					7	- 7	1(000.0	00			
	Name of Employer	Occupation												
	Family Foot Care & Surgery, LLC Receipt For:	Podiatric Pl												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	00.00										
s	UBTOTAL of Receipts This Page (optional)			•				1.0	22	250.0	0			
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or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Podiatric Medica	-			olicit co	ntrib	outions fr	om such	ו cor	nmitte	:e.			
Full Name (Last, First, Middle Initial) A. Dr. Sarah Lynn Mele Mailing Address 2825 Mesa Rd.				Date of		· .	/ Y	Y	Y	Y			
City Rio Rancho	State Zip Co NM 87124		10 03 2013 Transaction ID : 21192979 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ral political committee.												
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Da	300.00]										
B. Full Name (Last, First, Middle Initial) Dr. Steven E. Black Mailing Address 22855 Sparrowdell Dr.		Date of		eceipt	/ Y	Y	Y	Y					
City Calabasas				08 ion ID : 2 Each Re									
FEC ID number of contributing federal political committee.	federal political committee.												
Name of Employer Self Employed	Occupation Podiatric Physician												
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General												
Full Name (Last, First, Middle Initial) Dr. Albert R. Brown				Date of	f Re	eceipt							
Mailing Address 5714 Guava Dr.				м м 10		08	L	20	13 13	Y			
City Tamarac	State Zip Co FL 33319					ion ID : 2 Each Re			eriod				
FEC ID number of contributing federal political committee.	C					7	7	_	250.	00			
Name of Employer	Occupation												
Self-Employed Receipt For: Primary General Other (specify) ▼	Podiatric Physician Aggregate Year-to-Da	400.00]										
SUBTOTAL of Receipts This Page (option	nal)					7			600.0	00			
TOTAL This Period (last page this line r	umber only)		•			,	,						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Dr. Paul L. Goodman Mailing Address 1448 Canterbury Ln. City Glenview FEC ID number of contributing federal political committee. Name of Employer Glenbrook Podiatry Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60025-2253 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. S. Ronald Miller Mailing Address 14 Courtleigh PI. City Reading FEC ID number of contributing federal political committee. Name of Employer Berkshire Podiatry Center Receipt For: Primary General	State Zip Code PA 19606-2941 C Occupation Podiatric Physician Aggregate Year-to-Date ▼	Date of Receipt 10 10 2013 Transaction ID : 21194096 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William S. Lynde Mailing Address 27 S. Lincoln Ave. City Newtown FEC ID number of contributing federal political committee. Name of Employer Newtown Podiatry Receipt For: Primary General Other (specify) ▼	State Zip Code PA 18940-2115 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	_	1100.00

SCHEDULE A (FEC Form 3X) _ _ _ _

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check or	· /	11c	12				
				13	14	15	16	17			
	ny information copied from such Reports and St for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation I	Political Action Commit	tee							
A.	Full Name (Last, First, Middle Initial) Dr. Keith A. Turlington			Date	of Receipt						
	Mailing Address 10000 Watson Rd. #2R			м 10		D / Y 0	2013	Y			
	City Crestwood	State MO	Zip Code 63126-1854	Trar	nsaction ID Int of Each	: 211941	01				
	FEC ID number of contributing federal political committee.	С					300	0.00			
	Name of Employer	Occupation									
	Self-Employed Receipt For:	Podiatric Pr		_							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 300.00								
_	Full Name (Last, First, Middle Initial)				(
в.	Dr. Dennis J. Chubinski Mailing Address 7147 Point Inverness Way			Date		D / Y 0	2013	Y			
	City	State	Zip Code	Tran	nsaction ID	: 2119410	03				
	Fort Wayne FEC ID number of contributing		46804-7923	Amount of Each Receipt this Period 300.00							
	federal political committee.					7	000				
	Name of Employer Inverness Foot Clinic	Occupation Podiatric Ph									
	Receipt For:		Year-to-Date ▼	_							
	Primary General Other (specify) ▼		, 300.00								
с.	Full Name (Last, First, Middle Initial) Dr. Richard C. Galperin			Date	of Receipt						
	Mailing Address 14941 Oaks N. Dr.			10		D / Y 0	2013	Y			
	City Dallas	State TX	Zip Code 75254-7631		nsaction ID	-	-	_			
	FEC ID number of contributing federal political committee.	C		Amou	int of Each	Receipt th	his Period 1000				
	Name of Employer	Occupation		_							
	Self-Employed	Podiatric Ph	nysician	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
s	UBTOTAL of Receipts This Page (optional)				- 7	- 7	1600	.00			
т	OTAL This Period (last page this line number of	only)									

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A			
Full Name (Last, First, Middle Initial) Dr. Mark E. Reiner Mailing Address 2909 Abernathy Lake Cove	A		Date of Receipt
City	State AR	Zip Code	10 11 2013 Transaction ID : 21194388
Jonesboro FEC ID number of contributing federal political committee.	C	72404-8403	Amount of Each Receipt this Period
Name of Employer The Podiatry Group, The Foot Doctors, Receipt For: Primary General Other (specify)	Occupation Podiatric P Aggregate]
Full Name (Last, First, Middle Initial) B. Dr. Bradford S. Legge Mailing Address 13711 Blooming Orchard D	r.		Date of Receipt
City Fishers	State IN	Zip Code 46038-4263	Transaction ID : 21194913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Podiatry Associates of Indiana	Occupation Podiatric Pl		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) C. Dr. Larry S. Hotchkiss			Date of Receipt
Mailing Address 24 Harvard Ct.			10 / Y Y Y Y Y 2013
City Rockville	State MD	Zip Code 20850-1148	Transaction ID : 21194914 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Podiatric P		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (optional).			1050.00
TOTAL This Period (last page this line number	er only)		

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	EMIZED RECEIPTS	Detailed Summary Page		11a		111	b 🗌	11c		12		
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	y information copied from such Reports and s for commercial purposes, other than using th											
$\overline{\}$	NAME OF COMMITTEE (In Full)											
\rangle	American Podiatric Medical As	sociation	Political Action Commi	ttee								
Α.	Full Name (Last, First, Middle Initial) Dr. Richard L. Brown				Date o	f Re	eceip	ot				
	Mailing Address 3412 Briana Dr.				м м 10	/	D	11	/ Y) 13	Y
	City	State	Zip Code		Trans	acti	ion	ID : 2'	120497	5		
	Springfield	IL	62711-7951	/	Amoun	t of	Eac	ch Ree	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	300.	00
	Name of Employer	Occupation										
	Prairie Podiatry, L.L.C.	Podiatric Pl	nysician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		300.00									
в.	Full Name (Last, First, Middle Initial) Dr. Bruce M. Jacob				Date o	f Re	eceir	ot				
	Mailing Address 4319 Foxpointe Dr.				м м 10			15	/ Y) 13	Y
	City	State	Zip Code		Trans	acti	ion		20510			
	West Bloomfield	MI	48323-2615	/	Amoun	t of	Eac	ch Ree	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	100.	00
	Name of Employer Self-Employed	Occupation Podiatric Ph										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		900.00]								
с.	Full Name (Last, First, Middle Initial) Dr. Robert Frimmel				Date o	f Re	eceip	ot				
	Mailing Address 3527 Palonia Ct.				м м 10	/	D	16	/ Y)13	Y
	City Sarasota	State FL	Zip Code 34239-5929	-					120577 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	25.	00
	Name of Employer	Occupation										
	Sarasota Footcare Center	Podiatric Pl	nysician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		225.00									
s	UBTOTAL of Receipts This Page (optional)						7	-	7	-	425.0	00
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	Detailed Summary Page		11a 13	\vdash	11b 14	11c	12	17	
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NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association	Political Action Commi	ttee						
Full Name (Last, First, Middle Initial) Dr. Steve R. Feller Mailing Address 7507 Custer Rd. W.				Date of					
				м м 10		D 17	D / Y	2013	Y
City Tacoma	State WA	Zip Code 98499-8138					: 212061 1 Receipt th	13 nis Perioc	4
FEC ID number of contributing federal political committee.	С					,			0.00
Name of Employer Self-Employed	Occupation Podiatric Pl								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) B. Dr. Bryan Calvo				Date of	Re	eceipt			
Mailing Address 5661 S.W. 165th Ct.				м м 10	/	D 17		2013	Y
City Miami	State FL	Zip Code 33193-4490					2120611		4
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
Full Name (Last, First, Middle Initial) C. Dr. H. F. Brown III				Date of	Re	eceipt			
Mailing Address 14 River Valley Rd.				м м 10	1	18		2013	Y
City Little Rock	State AR	Zip Code 72227-1505					: 212063 9 Receipt th	93 his Period	4
FEC ID number of contributing federal political committee.	С					7			0.00
Name of Employer	Occupation	1							
Self-Employed Receipt For:	Podiatric P	•							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
SUBTOTAL of Receipts This Page (optional)							130	0.00
TOTAL This Period (last page this line num						,			

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Commit	Itee
Full Name (Last, First, Middle Initial) Dr. Martha J. Holzworth Mailing Address 3184 N. Greenleaf Cir.		Date of Receipt
City Boynton Beach	State Zip Code FL 33426-8664	10 18 2013 Transaction ID : 21206396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	76.00
Name of Employer Self Employed Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 228.00]
Full Name (Last, First, Middle Initial) Dr. Joseph M. Hughes Mailing Address 2311 Ocean View Dr.		Date of Receipt
City Signal Hill FEC ID number of contributing federal political committee.	State Zip Code CA 90755-3778	Transaction ID : 21206397 Amount of Each Receipt this Period 60.00
Name of Employer Los Alamitos Foot Center Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 480.00]
Full Name (Last, First, Middle Initial) Dr. Ryan K. Averett Mailing Address 778 E. Northwood Ct.		Date of Receipt
City Hayden FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code ID 83835-8117 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : 21208102 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	•	236.00
TOTAL This Period (last page this line numb	per only)	

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	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso							200						
A.	Full Name (Last, First, Middle Initial) Dr. John J. Mytych				Date									
	Mailing Address 460 Maple Ln.				1			L	17	J L	2	013	Y	
	City Batavia	State IL	Zip Code 60510-1206							2120812 eceipt tl		Period		
	FEC ID number of contributing federal political committee.	С						7				500	.00	
	Name of Employer Self-Employed Receipt For:	Occupation Podiatric Ph												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
	Full Name (Last, First, Middle Initial) Dr. Trent R. Steenblock				Date	of	Re	ceip	ot					
	Mailing Address 1817 Michigan Dr.				M 1		/	D	17	/ Y	2(013	Y	
	City Northfield	State MN	Zip Code 55057-4835							212081 3 eceipt tl		Period		
	FEC ID number of contributing federal political committee.	С						5			_	300.	00	
	Name of Employer Self-Employed	Occupation Podiatric Ph												
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
	Full Name (Last, First, Middle Initial) Dr. Jeffrey Frederick				Date	of	Re	ceip	ot					
	Mailing Address 30005 Forest Dr.				[™]	М	/	D		/ Y		013	Y	
	City Franklin	State MI	Zip Code 48025-1580							212082 eceipt tl		Period		
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Ī	Name of Employer	Occupation												
	Self-Employed Receipt For:	Podiatric Pr												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]										
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NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Commit	tee
A. Full Name (Last, First, Middle Initial) Dr. Michael L. Gerber Mailing Address 474 Beverly Island Dr.		Date of Receipt
City	State Zip Code	10 20 2013 Transaction ID : 21208301
Waterford FEC ID number of contributing federal political committee.	MI 48328-3602	Amount of Each Receipt this Period
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala Mailing Address 59 Harrowgate Dr.		Date of Receipt
City Cherry Hill FEC ID number of contributing	State Zip Code NJ 08003-1938	Transaction ID : 21208311 Amount of Each Receipt this Period 100.00
federal political committee. Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
C. Dr. Terri R. Cohen		Date of Receipt
Mailing Address 8405 Leawood Blvd.		10 / D D / Y Y Y Y Y 10 18 2013
City Little Rock	StateZip CodeAR72205-1618	Transaction ID : 21208378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Little Rock Foot Clinic	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line num	ber only)	

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30

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Joseph S. Borreggine Mailing Address 924 Hawthorne Drive City State Zip Code Charleston IL 61920-8260 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Touching Ground Podiatry, P.C. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 950.00			Detailed Summary Page		K 11a		11b		11c		12	<u> </u>	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME_CF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee A. Dr. Joseph S. Borreggine Mailing Address 924 Hawthome Drive City Charter (In Full) Name of Employer Name of Employer Cocupation Receipt For: Primary City Setter Sproke Point Setter (Sproke) Pail Name (Last, First, Middle Initial) B. Dr. David G. Edwards Mailing Address 1651 Sadde Hill Dr. City State Ligan Qarcepation Receipt For: Aggregate Year-to-Date V Point of Employer Occupation Receipt For: Aggregate Year-to-Date V Point of Employer Occupation Receipt For: Aggregate Year-to-Date V Point cast. First, Middle Initial) C C. Dr. Robin Lester Pastore Occupation Mailing Address 1323 Irving Ave. C City State Zip Code	An	y information copied from such Reports and St	tatements ma	ay not be sold or used by any pe	erson	13 for the	puri	14 pose	of s	15 oliciting		16 ntributi	17 ons
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Mailing Address 924 Hawthome Drive 0 22 2013 City State Zip Code 1 10 22 2013 Transaction ID: 21208790 Anount of Each Receipt this Period 125.00 125.00 Name of Employer Occupation Podiatric Physician 125.00 Receipt For: Other (specify) ▼ 950.00 950.00 Full Name (Last, First, Middle Initial) B. Dr. David G. Edwards 0 22 2013 Mailing Address 1651 Saddle Hill Dr. City State Zip Code 10 22 2013 Mailing Address 1651 Saddle Hill Dr. City State Zip Code 10 22 2013 Receipt For: Other (specify) ▼ Occupation Podiatric Physician 90.00 90.00 Name of Employer Occupation Podiatric Physician Podiatric Physician 90.00 90.00 City State Zip Code Namout of Each Receipt this Period 10 21 2013 Transaction ID: 21208796 Podiatric Physician Podiatric Physician Podiatric Physician Podiatric Physician Podiatric Phy	Δ					Date of	f Re	eceint					
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/	American Podiatric Medical Ass	ociation I	-onlical Action Commi	uee												
Α.	Full Name (Last, First, Middle Initial) Dr. Patrick A. DeHeer				Date	of P	200	aint								
-1.	Mailing Address 3933 E. 191st St.			\neg		м		eipi	/ Y	Y	Y	Y				
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	City Westfield	State IN	Zip Code 46062-9238	\vdash					2120881							
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	federal political committee.	C			L.			,			500.	00				
	Name of Employer	Occupation														
	Hoosier Foot & Ankle	Podiatric Ph	nysician													
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	Full Name (Last, First, Middle Initial)															
B.	Dr. Miranda A. Goodale				Date	of R	lec	eipt								
	Mailing Address 516 W. County Rd. 700 N.		M 10		/	D D 21	/ Y	ү 20)13	Y						
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С.	Full Name (Last, First, Middle Initial) Dr. Robert J. Lenfestey Sr.				Date	of P	200	eint								
.	Mailing Address 113 Birklands Dr.				10 ^M	М	/	23	/ Y)13	Y				
	City	State	Zip Code				ctic		2121285							
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A.	Full Name (Last, First, Middle Initial) Dr. Jason W. Rockwood				Date of	f Re	eceipt				
	Mailing Address 3 Autumn Light Pl.	0 1 1			^M M		23		20 ⁻	ү 13	Y
	City Santa Fe	State NM	Zip Code 87508-1334					2121285 Receipt th		eriod	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Melissa Jomarie Lockwood				Date of	f Re	eceipt				
	Mailing Address 1518 Beckenham Dr.				^M M	/	23		201	ү З	Y
	City Bloomington	State IL	Zip Code 61704-7629					2121286 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			75.	00
	Name of Employer Self-Employed	Occupation Podiatric Ph									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
с.	Full Name (Last, First, Middle Initial) Dr. Benjamin W. Weaver				Date of	f Re	eceipt				
	Mailing Address Central KS Podiatry Associates 2081 N. Webb Rd.	3			M M 10	/	23		201		Y
	City Wichita	State KS	Zip Code 67206-3411					2121286 Receipt th		eriod	
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NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation F	Political Action Commit	ttee							
Full Name (Last, First, Middle Initial) A. Dr. Aniello Scotti Jr.				Date of						
Mailing Address 1 Three Pond Rd.	State	Zip Code	_ [м м 10 Т тана		23	3	20 ⁴		Y
Smithtown	NY	11787-1830	Α			ion ID Fach I		zooz ot this Pe	eriod	
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Name of Employer Self-Employed	Occupation Podiatric Ph									
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Full Name (Last, First, Middle Initial) B. Dr. Liana G. Seldin				Date of	f Re	eceipt				
Mailing Address 325 Meridian Ave. #10				м м 10	/	23		у у 201		Y
City Miami Beach	State FL	Zip Code 33139-8713				on ID : Each I		2863 ot this Pe	eriod	
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Full Name (Last, First, Middle Initial) C. Dr. Andrew J. Schneider				Date of	f Re	eceipt				
Mailing Address 4326 Sarong Dr.				м м 10	/	23		y y 201		Y
City Houston	State TX	Zip Code 77096-4425	A			<mark>ion ID</mark> Each I		2864 ot this Pe	eriod	
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Name of Employer	Occupation		_							
Tanglewood Foot Specialists	Podiatric Ph	nysician								
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NAME OF COMMITTEE (In Full) American Podiatric Medical A						ulions		1 commit	lee.
Full Name (Last, First, Middle Initial) Dr. William J. Tronvig Mailing Address 1142 Grays Point Ln.				Date of	_				
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City Aberdeen	State WA	Zip Code 98520-1069					2121397 Receipt th	76 his Period	1
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Name of Employer Harbor Foot & Ankle Clinic	Occupation Podiatric P								
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Full Name (Last, First, Middle Initial) B. Dr. Deborah Behre	_			Date of	f Re	ceipt			
Mailing Address 314 Logger Ct. S.E.				м м 10	1	24		2013	Y
City Olympia	State WA	Zip Code 98503-6722					2121397 Receipt th		1
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Name of Employer Self Employed	Occupation Podiatric Pl								
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Full Name (Last, First, Middle Initial) C. Dr. Phillip Wayne Holloway				Date of	f Re	ceipt			
Mailing Address 2814 Berry St.				10 ^M	/	25		2013	Y
City Paris	State IL	Zip Code 61944-6832					: 2121465 Receipt th	53 nis Period	1
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Self Employed	Podiatric P	hysician							
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NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation	Political Action Comm	nittee								
Full Name (Last, First, Middle Initial) A. Dr. Joseph Christopher Smith Mailing Address 654 Philadelphia Ave. City Shillington FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State PA C Occupation Podiatric P				/ acti	25 ion ID :		56	013 Period 25.	Ŷ 00]
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00									
Full Name (Last, First, Middle Initial) B. Dr. Holly A. Spohn-Gross Mailing Address 6425 Lynch Canyon Dr. City	State	Zip Code		Date of	/	26)13	Y	
Lake Isabella FEC ID number of contributing federal political committee.	CA	93240-9726					2121539 Receipt th		Period 50.0	00]
Name of Employer Rural Health Clinic/Kern Valley Hosp. Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Pl Aggregate										
Full Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct.				Date of	Re	eceipt 26			013	Y	
City Palm Desert FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: □ Primary □ General □ Other (specify) ▼	State CA C Occupation Podiatric P Aggregate						: 2121539 Receipt th		Period	00]
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	ts and Statements may not be sold or used by any per- using the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Podiatric Medic	al Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson Mailing Address 201 68th PI. City Kenosha FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code WI 53143-5137 C Occupation Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Mark J. Henson Mailing Address 106 Beechwood Ct. City Griffin FEC ID number of contributing federal political committee. Name of Employer Field Foot & Ankle Clinic Receipt For: Primary General Other (specify) ▼	State Zip Code GA 30224-4966 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Kirk Eliel Woelffer Mailing Address Raleigh Foot Center P.O. Box 98209 City Raleigh FEC ID number of contributing federal political committee. Name of Employer Raleigh Foot Center Receipt For: Primary General Other (specify)	State Zip Code NC 27624-8209 C Occupation Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
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NAME OF COMMITTEE (In Full)	ssociation Political Action Comr	
Full Name (Last, First, Middle Initial) A. Dr. Zahid A. Ladha		Date of Receipt
Mailing Address 3544 Marquis Ct.		10 28 2013
City Floyds Knobs	StateZip CodeIN47119-9766	Transaction ID : 21215414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) B. Dr. Samuel Stuart Woociker		Date of Receipt
Mailing Address 445 Warrior Trl.		10 28 2013
City Enterprise	State Zip Code FL 32725-2456	Transaction ID : 21215415 Amount of Each Receipt this Period
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Name of Employer Orlando Foot&Ankle Clinic Physicians	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr. Jeffery H. Alexander		Date of Receipt
Mailing Address Midwest Podiatry Services 610 S. Maple Ave. #2550		10 28 2013
City Oak Park	State Zip Code IL 60304-2807	Transaction ID : 21215417 Amount of Each Receipt this Period
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Name of Employer	Occupation	
Midwest Podiatry Services	Podiatric Physician	
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Other (specify)	250.00	
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American Podiatric Medical Ass	ociation I	Political Action Commit	tee							
Full Name (Last, First, Middle Initial) A. Dr. David R. Kirlin			[Date of	Re	eceipt				
Mailing Address 2600 Thomas Trl.				м м 10	1	28	_		y y 2013	Y
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Gastonia	NC	28054-4964	A	Amount	of	Each	Recei	pt this	Period	
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Gaston Foot & Ankle Associates	Podiatric Ph	nysician								
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Full Name (Last, First, Middle Initial) B. Dr. Johnnie L. Alston				Date of	Re	eceipt				
Mailing Address 3452 Dalraida Pkwy.				м м 10	/	28	_		ү ү 2013	Y
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Montgomery	AL	36109-2216	A	Amount	of	Each	Recei	pt this	Period	
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Full Name (Last, First, Middle Initial) C. Dr. Mackie J. Walker Jr.				Date of	Re	eceipt				
Mailing Address 404 Lake Murray Dr.				м м 10	/	28			y y 2013	Y
City	State SC	Zip Code					: 212			
North Augusta	30	29841-8654	A	Amount	of	Each	Recei	pt this	Period	
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Carolina Pod. Med. Associates	Podiatric Pl	hysician								
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A.	Full Name (Last, First, Middle Initial) Dr. Gregory A. Worley Mailing Address 11927 Oxford Hills Dr.	Gregory A. Worley												
	City Walton	State KY	Zip Code 41094-6913					: 212232	20 13	013				
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each I	Receipt t		300	.00			
	Name of Employer Northern KY Foot Specialists Receipt For:	Occupation Podiatric Pr	nysician											
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в.	Full Name (Last, First, Middle Initial) Dr. Michael E. McGowan Mailing Address 4200 S. Thunderbird Trl.			_	Date of		D			Y Y	Y			
	City Sioux Falls	State SD	Zip Code 57103-5036					: 212232 Receipt t	24	013 Period				
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C.	Full Name (Last, First, Middle Initial) Dr. Curtis L. Ward				Date of	f Re	eceipt							
	Mailing Address 4427 W. Jewelwood Ct.				^M 10	/	D 31			013	Y			
	City Peoria	State IL	Zip Code 61615-8933					: 212490 Receipt t		Period				
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I	Mailing Address 9869 Easton Drive						10 08 2013 Transaction ID : 21193113										
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В.	Schakowsky For Congress							f Disburs									
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	City S Evanston	State IL	Zip Code 60204				Transaction ID : 21209416										
	Purpose of Disbursement			-													
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-	Friends Of John Boehner						Date of	f Disburs	sement								
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А.	Walorski For Congress Inc						V	Y											
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В.	Friends Of John Boehner						Date of Disbursement												
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	City West Chester	State OH	Zip Code 45069				Transaction ID : 21253544												
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_	State: OH District: 08																		
C.	Full Name (Last, First, Middle Initial)							_	isburse		_			_					
	Mailing Address						M	M /	D	D	/ Y	Y	Y	Y					
	City	ity State Zip Code																	
	Purpose of Disbursement		_	_						- 1			Devis 1						
	Candidate Name		Category/ Type						Amount of Each Disbursement this Period										
	Senate President	ment For: Primary Other (spe	General ecify) ▼																
_	State: District:																		
s	UBTOTAL of Disbursements This Page (optional)								3		,		3500	0.00					
Т	OTAL This Period (last page this line number only)							7				13500	.00					