

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road
Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

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

5. Covering Period 10 / 01 / 2013 through 10 / 31 / 2013

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

Type or Print Name of Treasurer Dr. Randy Kaplan DPM

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		240465.66
(b) Cash on Hand at Beginning of Reporting Period.....	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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14316.00	268744.00
(ii) Unitemized	11895.50	136936.49
(iii) TOTAL (add 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
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	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	26211.50	411680.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26211.50	411680.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	150500.00
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	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
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)) ..	13500.00	151430.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	151430.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26211.50	405680.49
34. Total Contribution Refunds (from Line 28(d))	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26211.50	404750.49
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 30
	<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. Theodore Andrew Buccilli Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4403 Clover Dr.

City Ravenna State OH Zip Code 44266-8636

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 01 / 2013**

Transaction ID : 21159779

Amount of Each Receipt this Period **100.00**

B. Dr. Kelvin H. Nguyen
Full Name (Last, First, Middle Initial)

Mailing Address 8672 Bermuda Ave.

City Westminster State CA Zip Code 92683-7260

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 **10 / 02 / 2013**

Transaction ID : 21186926

Amount of Each Receipt this Period **25.00**

C. Dr. James Robert Shipley
Full Name (Last, First, Middle Initial)

Mailing Address 479 Laurelyn Dr.

City Mount Airy State NC Zip Code 27030-7486

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 ▼ **225.00**

Date of Receipt **10 / 05 / 2013**

Transaction ID : 21192290

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. William 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2013
Transaction ID : 21192295
 Amount of Each Receipt this Period
 150.00

B. Dr. Jason L. Seiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 6224 Gordon Ln.
 City Fort Smith State AR Zip Code 72903-2633
 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
 10 / 04 / 2013
Transaction ID : 21192475
 Amount of Each Receipt this Period
 300.00

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : 21192476
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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 Chwastiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 E. Broad St.
 City Tamaqua State PA Zip Code 18252-2206
 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
 10 / 03 / 2013
Transaction ID : 21192477
 Amount of Each Receipt this Period
 250.00

B. Dr. Mark Superstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Woodbury Hwy.
 City Manchester State TN Zip Code 37355-1414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middle TN Foot Associates
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : 21192478
 Amount of Each Receipt this Period
 250.00

C. Dr. Fred Marino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 N. Highland Ave. #B
 City Murfreesboro State TN Zip Code 37130-2463
 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
 10 / 02 / 2013
Transaction ID : 21192727
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Brian D. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1230 Old Hwy. 50-A
 City Columbia State TN Zip Code 38401-8147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middle TN Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 02 / 2013**
Transaction ID : 21192729
 Amount of Each Receipt this Period **1000.00**

B. Dr. Chad Eric Webster
 Full Name (Last, First, Middle Initial)
 Mailing Address 5531 Gwynne Rd.
 City Memphis State TN Zip Code 38120-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid-South Foot & Ankle Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 02 / 2013**
Transaction ID : 21192732
 Amount of Each Receipt this Period **250.00**

C. Dr. Sanjay V. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot Care & Surgery, LLC
 309 Seaside Ave. #202
 City Milford State CT Zip Code 06460-4632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Care & Surgery, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 03 / 2013**
Transaction ID : 21192978
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
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 10 OF 30
(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. Sarah Lynn Mele
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 Mesa Rd.
 City State Zip Code
 Rio Rancho NM 87124-7221
 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
 10 / 03 / 2013
Transaction ID : 21192979
 Amount of Each Receipt this Period
 300.00

B. Dr. Steven E. Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 22855 Sparrowdell Dr.
 City State Zip Code
 Calabasas CA 91302-1820
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : 21193106
 Amount of Each Receipt this Period
 50.00

C. Dr. Albert R. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 5714 Guava Dr.
 City State Zip Code
 Tamarac FL 33319-3018
 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : 21193392
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 30
	<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. Paul L. Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 1448 Canterbury Ln.

City State Zip Code
Glenview IL 60025-2253

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

Name of Employer Occupation
Glenbrook Podiatry 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
10 / 02 / 2013
Transaction ID : 21193474

Amount of Each Receipt this Period
300.00

B. Dr. S. Ronald Miller
Full Name (Last, First, Middle Initial)

Mailing Address 14 Courleigh Pl.

City State Zip Code
Reading PA 19606-2941

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

Name of Employer Occupation
Berkshire Podiatry Center 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
10 / 10 / 2013
Transaction ID : 21194096

Amount of Each Receipt this Period
500.00

C. Dr. William S. Lynde
Full Name (Last, First, Middle Initial)

Mailing Address 27 S. Lincoln Ave.

City State Zip Code
Newtown PA 18940-2115

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

Name of Employer Occupation
Newtown Podiatry 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
10 / 10 / 2013
Transaction ID : 21194100

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 12 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Keith A. Turlington
 Full Name (Last, First, Middle Initial)
 Mailing Address 10000 Watson Rd. #2R
 City State Zip Code
 Crestwood MO 63126-1854
 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
 10 / 10 / 2013
Transaction ID : 21194101
 Amount of Each Receipt this Period
 300.00

B. Dr. Dennis J. Chubinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 7147 Point Inverness Way
 City State Zip Code
 Fort Wayne IN 46804-7923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inverness Foot Clinic 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
 10 / 10 / 2013
Transaction ID : 21194103
 Amount of Each Receipt this Period
 300.00

C. Dr. Richard C. Galperin
 Full Name (Last, First, Middle Initial)
 Mailing Address 14941 Oaks N. Dr.
 City State Zip Code
 Dallas TX 75254-7631
 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
 10 / 10 / 2013
Transaction ID : 21194104
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Mark E. Reiner
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Abernathy Lake Cove

City Jonesboro State AR Zip Code 72404-8403

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
10 / 11 / 2013
Transaction ID : 21194388

Amount of Each Receipt this Period
500.00

B. Dr. Bradford S. Legge
Full Name (Last, First, Middle Initial)

Mailing Address 13711 Blooming Orchard Dr.

City Fishers State IN Zip Code 46038-4263

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

Name of Employer Podiatry Associates of Indiana Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 12 / 2013
Transaction ID : 21194913

Amount of Each Receipt this Period
300.00

C. Dr. Larry S. Hotchkiss
Full Name (Last, First, Middle Initial)

Mailing Address 24 Harvard Ct.

City Rockville State MD Zip Code 20850-1148

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 ▼ 750.00

Date of Receipt
10 / 13 / 2013
Transaction ID : 21194914

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: (check only one)	PAGE 14 OF 30
	<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 L. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 3412 Briana Dr.
 City Springfield State IL Zip Code 62711-7951
 Name of Employer Prairie Podiatry, L.L.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2013
Transaction ID : 21204975
 Amount of Each Receipt this Period 300.00

B. Dr. Bruce M. Jacob
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Foxpointe Dr.
 City West Bloomfield State MI Zip Code 48323-2615
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2013
Transaction ID : 21205101
 Amount of Each Receipt this Period 100.00

C. Dr. Robert Frimmel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3527 Palonia Ct.
 City Sarasota State FL Zip Code 34239-5929
 Name of Employer Sarasota Footcare Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 16 / 2013
Transaction ID : 21205774
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
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 30
	<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. Steve R. Feller
 Full Name (Last, First, Middle Initial)
 Mailing Address 7507 Custer Rd. W.
 City Tacoma State WA Zip Code 98499-8138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2013
Transaction ID : 21206113
 Amount of Each Receipt this Period
 50.00

B. Dr. Bryan Calvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5661 S.W. 165th Ct.
 City Miami State FL Zip Code 33193-4490
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2013
Transaction ID : 21206114
 Amount of Each Receipt this Period
 30.00

C. Dr. H. F. Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 River Valley Rd.
 City Little Rock State AR Zip Code 72227-1505
 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
 10 / 18 / 2013
Transaction ID : 21206393
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Martha J. Holzworth		Date of Receipt 10 / 18 / 2013 Transaction ID : 21206396
Mailing Address 3184 N. Greenleaf Cir.		Amount of Each Receipt this Period 76.00
City Boynton Beach	State FL	Zip Code 33426-8664
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 ▼ 228.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph M. Hughes		Date of Receipt 10 / 18 / 2013 Transaction ID : 21206397
Mailing Address 2311 Ocean View Dr.		Amount of Each Receipt this Period 60.00
City Signal Hill	State CA	Zip Code 90755-3778
FEC ID number of contributing federal political committee. C		
Name of Employer Los Alamitos Foot Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Dr. Ryan K. Averett		Date of Receipt 10 / 16 / 2013 Transaction ID : 21208102
Mailing Address 778 E. Northwood Ct.		Amount of Each Receipt this Period 100.00
City Hayden	State ID	Zip Code 83835-8117
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	236.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. John J. Mytych
Full Name (Last, First, Middle Initial)

Mailing Address 460 Maple Ln.

City Batavia State IL Zip Code 60510-1206

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
10 / 17 / 2013
Transaction ID : 21208127

Amount of Each Receipt this Period
500.00

B. Dr. Trent R. Steenblock
Full Name (Last, First, Middle Initial)

Mailing Address 1817 Michigan Dr.

City Northfield State MN Zip Code 55057-4835

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
10 / 17 / 2013
Transaction ID : 21208130

Amount of Each Receipt this Period
300.00

C. Dr. Jeffrey Frederick
Full Name (Last, First, Middle Initial)

Mailing Address 30005 Forest Dr.

City Franklin State MI Zip Code 48025-1580

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 19 / 2013
Transaction ID : 21208298

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<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 L. Gerber
Full Name (Last, First, Middle Initial)

Mailing Address 474 Beverly Island Dr.

City Waterford State MI Zip Code 48328-3602

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 ▼ 225.00

Date of Receipt 10 / 20 / 2013
Transaction ID : 21208301

Amount of Each Receipt this Period 250.00

B. Dr. Robert J. Warkala
Full Name (Last, First, Middle Initial)

Mailing Address 59 Harrowgate Dr.

City Cherry Hill State NJ Zip Code 08003-1938

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2013
Transaction ID : 21208311

Amount of Each Receipt this Period 100.00

C. Dr. Terri R. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 8405 Leawood Blvd.

City Little Rock State AR Zip Code 72205-1618

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

Name of Employer Little Rock Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2013
Transaction ID : 21208378

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Joseph S. Borreggine
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 Hawthorne Drive
 City Charleston State IL Zip Code 61920-8260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : 21208790
 Amount of Each Receipt this Period
 125.00

B. Dr. David G. Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Saddle Hill Dr.
 City Logan State UT Zip Code 84321-4828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : 21208791
 Amount of Each Receipt this Period
 90.00

C. Dr. Robin Lester Pastore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1323 Irving Ave.
 City Wheaton State IL Zip Code 60187-3679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.W. Suburban Podiatry Center 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
 10 / 21 / 2013
Transaction ID : 21208796
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Patrick A. DeHeer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3933 E. 191st St.
 City Westfield State IN Zip Code 46062-9238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoosier Foot & Ankle 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
 10 / 21 / 2013
Transaction ID : 21208812
 Amount of Each Receipt this Period
 500.00

B. Dr. Miranda A. Goodale
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 W. County Rd. 700 N.
 City Brazil State IN Zip Code 47834-8264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2013
Transaction ID : 21208813
 Amount of Each Receipt this Period
 250.00

c. Dr. Robert J. Lenfestey Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Birklands Dr.
 City Cary State NC Zip Code 27518-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2013
Transaction ID : 21212858
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jason W. Rockwood		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 Transaction ID : 21212859
Mailing Address 3 Autumn Light Pl.		Amount of Each Receipt this Period 50.00
City Santa Fe	State NM	Zip Code 87508-1334
FEC ID number of contributing federal political committee. C		
Name of Employer Glacier Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Melissa Jomarie Lockwood		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 Transaction ID : 21212860
Mailing Address 1518 Beckenham Dr.		Amount of Each Receipt this Period 75.00
City Bloomington	State IL	Zip Code 61704-7629
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Benjamin W. Weaver		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 Transaction ID : 21212861
Mailing Address Central KS Podiatry Associates 2081 N. Webb Rd.		Amount of Each Receipt this Period 50.00
City Wichita	State KS	Zip Code 67206-3411
FEC ID number of contributing federal political committee. C		
Name of Employer Central KS Podiatry Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<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. Aniello Scotti Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1 Three Pond Rd.

City Smithtown	State NY	Zip Code 11787-1830
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

Transaction ID : 21212862

Amount of Each Receipt this Period
250.00

B. Dr. Liana G. Seldin
Full Name (Last, First, Middle Initial)

Mailing Address 325 Meridian Ave. #10

City Miami Beach	State FL	Zip Code 33139-8713
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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 M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

Transaction ID : 21212863

Amount of Each Receipt this Period
250.00

C. Dr. Andrew J. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 4326 Sarong Dr.

City Houston	State TX	Zip Code 77096-4425
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tanglewood Foot Specialists	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

Transaction ID : 21212864

Amount of Each Receipt this Period
850.00

SUBTOTAL of Receipts This Page (optional).....	135.00
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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. William J. Tronvig
Full Name (Last, First, Middle Initial)

Mailing Address 1142 Grays Point Ln.

City Aberdeen State WA Zip Code 98520-1069

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

Name of Employer Harbor Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2013
Transaction ID : 21213976

Amount of Each Receipt this Period 50.00

B. Dr. Deborah Behre
Full Name (Last, First, Middle Initial)

Mailing Address 314 Logger Ct. S.E.

City Olympia State WA Zip Code 98503-6722

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 10 / 24 / 2013
Transaction ID : 21213977

Amount of Each Receipt this Period 25.00

C. Dr. Phillip Wayne Holloway
Full Name (Last, First, Middle Initial)

Mailing Address 2814 Berry St.

City Paris State IL Zip Code 61944-6832

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 ▼ 350.00

Date of Receipt 10 / 25 / 2013
Transaction ID : 21214653

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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 24 OF 30
(check only one)

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

A. Dr. Joseph Christopher Smith
Full Name (Last, First, Middle Initial)
Mailing Address 654 Philadelphia Ave.
City Shillington State PA Zip Code 19607-2769
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2013
Transaction ID : 21214656
Amount of Each Receipt this Period
250.00

B. Dr. Holly A. Spohn-Gross
Full Name (Last, First, Middle Initial)
Mailing Address 6425 Lynch Canyon Dr.
City Lake Isabella State CA Zip Code 93240-9726
FEC ID number of contributing federal political committee. **C**
Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 26 / 2013
Transaction ID : 21215394
Amount of Each Receipt this Period
50.00

C. Dr. Steven L. Ginex
Full Name (Last, First, Middle Initial)
Mailing Address 77685 Justin Ct.
City Palm Desert State CA Zip Code 92211-6238
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 26 / 2013
Transaction ID : 21215395
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
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 30
	<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. Michael B. Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 201 68th Pl.

City Kenosha State WI Zip Code 53143-5137

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 27 / 2013
Transaction ID : 21215407

Amount of Each Receipt this Period
125.00

B. Dr. Mark J. Henson
Full Name (Last, First, Middle Initial)

Mailing Address 106 Beechwood Ct.

City Griffin State GA Zip Code 30224-4966

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

Name of Employer Field Foot & Ankle Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 28 / 2013
Transaction ID : 21215412

Amount of Each Receipt this Period
250.00

C. Dr. Kirk Eliel Woelffer
Full Name (Last, First, Middle Initial)

Mailing Address Raleigh Foot Center
P.O. Box 98209

City Raleigh State NC Zip Code 27624-8209

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

Name of Employer Raleigh Foot Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 28 / 2013
Transaction ID : 21215413

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **425.00**

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 26 OF 30
(check only one)

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

A. Dr. Zahid A. Ladha
Full Name (Last, First, Middle Initial)
Mailing Address 3544 Marquis Ct.
City Floyds Knobs State IN Zip Code 47119-9766
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 10 / 28 / 2013
Transaction ID : 21215414
Amount of Each Receipt this Period 250.00

B. Dr. Samuel Stuart Woociker
Full Name (Last, First, Middle Initial)
Mailing Address 445 Warrior Trl.
City Enterprise State FL Zip Code 32725-2456
FEC ID number of contributing federal political committee. **C**
Name of Employer Orlando Foot&Ankle Clinic Physicians Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 28 / 2013
Transaction ID : 21215415
Amount of Each Receipt this Period 50.00

C. Dr. Jeffery H. Alexander
Full Name (Last, First, Middle Initial)
Mailing Address Midwest Podiatry Services 610 S. Maple Ave. #2550
City Oak Park State IL Zip Code 60304-2807
FEC ID number of contributing federal political committee. **C**
Name of Employer Midwest Podiatry Services Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 28 / 2013
Transaction ID : 21215417
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... **325.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David R. Kirlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Thomas Trl.
 City Gastonia State NC Zip Code 28054-4964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gaston Foot & Ankle Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013
Transaction ID : 21215419
 Amount of Each Receipt this Period
 125.00

B. Dr. Johnnie L. Alston
 Full Name (Last, First, Middle Initial)
 Mailing Address 3452 Dalraida Pkwy.
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013
Transaction ID : 21215420
 Amount of Each Receipt this Period
 125.00

C. Dr. Mackie J. Walker Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Lake Murray Dr.
 City North Augusta State SC Zip Code 29841-8654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Pod. Med. Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013
Transaction ID : 21215421
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 28 OF 30
	<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. Gregory A. Worley
 Full Name (Last, First, Middle Initial)
 Mailing Address 11927 Oxford Hills Dr.
 City Walton State KY Zip Code 41094-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern KY Foot Specialists 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
 10 / 31 / 2013
Transaction ID : 21223213
 Amount of Each Receipt this Period
 300.00

B. Dr. Michael E. McGowan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 S. Thunderbird Trl.
 City Sioux Falls State SD Zip Code 57103-5036
 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
 10 / 31 / 2013
Transaction ID : 21223224
 Amount of Each Receipt this Period
 300.00

C. Dr. Curtis L. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 4427 W. Jewelwood Ct.
 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 M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 21249016
 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).....	14316.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leadership Today and Tomorrow PAC

Mailing Address 9869 Easton Drive

City State Zip Code
Beverly Hills CA 90210

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2013

Transaction ID : 21193113

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement

011

Candidate Name

Rep. Janice D. Schakowsky

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2013

Transaction ID : 21209416

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069

Purpose of Disbursement

011

Candidate Name

Rep. John A. Boehner

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2013

Transaction ID : 21210763

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. Walorski For Congress Inc

Mailing Address PO Box 954

City State Zip Code
Mishawaka IN 46546

Purpose of Disbursement

011

Candidate Name

Rep. Jackie Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 21213447

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069

Purpose of Disbursement

011

Candidate Name

Rep. John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 21253544

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

13500.00