Image# 14970670414 PAGE 1 / 33

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than	An Authorized	a Committe	e		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ¶		ample: If typir er the lines.	ig, type	12FE4M5	
American Podiatric Med	dical Associat	tion Political	Action Co	mmittee		
ADDRESS (number and street)	9312 Old George	town Road				
Check if different						
than previously reported. (ACC)	Bethesda				MD L	20814-1698
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲
C C00008839		3. IS THIS REPORT	\sim	IEW N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3) Apr 20 (M4)		lun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	(c) 12-Day		Primary (12P		General	
July 15 Quarterly Report (Q2	PRE-E		Convention (Special (
October 15 Quarterly Report (Q3	· ·		(. = 0 /	oposiai (
January 31 Year-End Report (YE	≣)	Election on	M M /	D D /		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election	General (300	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	нероп	for the: Election on	M M /	D = D /	Y	in the State of
5. Covering Period 07	01	2014	through	07_	/ D D /	2014
I certify that I have examined this			wledge and b	pelief it is tru	e, correct and	d complete.
	andy K. Kaplan		[Electronically	Filed] D	ate 08	/ DDD / YDY Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	ous, or incomplete	information may si	ubject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

2014 07 2014 Report Covering the Period: 07 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 494355.15 January 1, 2014 (b) Cash on Hand at 637199.15 Beginning of Reporting Period..... 327294.50 18350.50 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 655549.65 821649.65 6(a) and 6(c) for Column B)..... 100400.00 266500.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 555149.65 555149.65 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

•	Covering the Period: From: 07	COLUMN A	COLUMN B
	I. Receipts	Total This Period	Calendar Year-to-Date
	tributions (other than loans) From:		
(a)	Individuals/Persons Other		
	Than Political Committees	7331.00	214985.00
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	6019.50	107309.50
	(iii) TOTAL (add	13350.50	322294.50
	Lines 11(a)(i) and (ii)▶	15550.50	, 022234.00
	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
(d)	(such as PACs) Total Contributions (add Lines		5.00
(u)	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	13350.50	322294.50
	sfers From Affiliated/Other		
Part	y Committees	0.00	0.00
13 All I	oans Received	0.00	0.00
TO. All L	Sans ricceived	7	
14. Loar	n Repayments Received	0.00	0.00
15. Offs	ets To Operating Expenditures		
	unds, Rebates, etc.)		
	ry Totals to Line 37, page 5)	0.00	0.00
	unds of Contributions Made		
	ederal Candidates and Other ical Committees	5000.00	5000.00
	er Federal Receipts	3000.00	300.00
	idends, Interest, etc.)	0.00	0.00
`	sfers from Non-Federal and Levin Funds		3.00
(a) 1	Non-Federal Account		
	(from Schedule H3)	0.00	0.00
		0.00	
(b) L	Levin Funds (from Schedule H5)	0.00	0.00
(c) T	Total Transfers (add 18(a) and 18(b))	0.00	0.00
	I Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))▶	18350.50	327294.50
	I Federal Receipts tract Line 18(c) from Line 19)▶	18350.50	327294.50

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
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcildai 16ai-10-Date
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
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to		
Federal Candidates/Committees and Other Political Committees	100400.00	266500.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	3.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
That I omiour committees	7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
() T. (0) (1) (1) D. (1)		
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶		0.00
Other Disbursements	0.00	0.00
Other bisbursements	0.00	5100
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	3.00	9 9
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	7	7
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	100400.00	266500.00
_	7	
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		******
from Line 31)	100400.00	266500.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13350.50	322294.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13350.50	322294.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR	LINE	NU	MBER	:	PAGE	6	OF	33
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16		17

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

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation Political Action Committe	e
۹.	Full Name (Last, First, Middle Initial) Dr. Kirk Eliel Woelffer Mailing Address PO Box 98209		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	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 Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : A1907C1E86DEF478E829 Amount of Each Receipt this Period 50.00
3.	Full Name (Last, First, Middle Initial) Dr. Arnold S. Beresh Mailing Address 417 Chadwick PI City Newport News FEC ID number of contributing federal political committee. Name of Employer Peninsula Foot & Ankle Specialist Receipt For: Primary General Other (specify)	State Zip Code VA 23606-3169 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
) .	Full Name (Last, First, Middle Initial) Dr. Jimmy W. Downing Mailing Address 685 Tanners Ln City Earlysville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code VA 22936-9679 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / 2014 Transaction ID: A813FE879C6A34092A23 Amount of Each Receipt this Period 300.00
S	SUBTOTAL of Receipts This Page (optional)	·····	550.00
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) for each category of the Detailed Summary Page

I OF	LIINL	IVO	IVIDEN	IAGL	•	′	Oi		J
(che	ck only	or	ne)						
X	11a		11b	11c		12			
	13		14	15		16		1	7

NAME OF COMMITTEE (In Full)	the name and address of any political committee ssociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Mark E. Reiner Mailing Address 2909 Abernathy Lake Cv City Jonesboro FEC ID number of contributing federal political committee. Name of Employer The Podiatry Group, The Foot Doctors, Receipt For: Primary Other (specify)	State Zip Code AR 72404-8403 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 07 11 2014 Transaction ID: AF0B5D46A857E44FBB09 Amount of Each Receipt this Period 750.00
Full Name (Last, First, Middle Initial) Dr. Todd R. Hovermale Mailing Address 1849 Allen Ln City Anderson FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IN 46012-1903 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 07 15 2014 Transaction ID : AE8E78DBF95334B7A882 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Christopher Otto Cook Mailing Address 1825 E Main St Ste A City Montrose FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CO 81401-3848 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1500.00
TOTAL This Period (last page this line numb	er only)	

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

ı	_	LINE	_		:	PAGE	:	8	OF	33
ı	(che	ck only	or	ne)						
ı	X	11a		11b		11c		12		
		13		14		15		16	6	17

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Asse	ociation Political Action Committee	e
۹.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Cooper Mailing Address 8033 Paseo Del Ocaso		Date of Receipt
	City La Jolla FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92037-3232 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	7 21 2014 Transaction ID: A511244FDB5704F1EB6E Amount of Each Receipt this Period 300.00
	Full Name (Last, First, Middle Initial) Dr. Martha Jullie Ajlouny Mailing Address 530 N Elam Ave Ste A City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Podiatry Associates Receipt For: Primary General Other (specify)	State Zip Code NC 27403-1139 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / 23 2014 Transaction ID: A280FC65E3462474CA6D Amount of Each Receipt this Period 250.00
C.	Full Name (Last, First, Middle Initial) Dr. David R. Kirlin Mailing Address 2600 Thomas Trl City Gastonia FEC ID number of contributing federal political committee. Name of Employer Gaston Foot & Ankle Associates Receipt For: Primary General Other (specify)	State Zip Code NC 28054-4964 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M / 28 2014 Transaction ID: A9C354E4AF7E64382898 Amount of Each Receipt this Period 125.00
s	UBTOTAL of Receipts This Page (optional)	>	675.00
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson Date of Receipt Mailing Address 201 68th PI 2014 City Zip Code State Transaction ID: AF0F2F2C2DEA0435B9FB WI Kenosha 53143-5137 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. H. F. Brown III Date of Receipt Mailing Address 14 River Valley Rd 30 07 2014 City State Zip Code Transaction ID: AFA7605D2DA364DDC9BB AR Little Rock 72227-1505 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory W. Bryan Date of Receipt Mailing Address Ark LA Tex Foot Specialists, LLC 30 385 Bert Kouns #200 07 2014 City State Zip Code Transaction ID: A971C737B513F4428923 Shreveport LA 71106 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Ark LA TexFoot Specialists, LLC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 275.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LINE NUMBER: PAG	E 10 OF 33
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
_ come common , age	13 14 15	16 17

Mailing Address 100 Ayshire Ct City State Zip Code LA 70461-5034 FEC ID number of contributing federal political committee. Name of Employer Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Steve R. Feller Mailing Address 7507 Custer Rd W City State Zip Code WA 98499-8138 FEC ID number of contributing federal political committee. Name of Employer Occupation Podiatric Physician FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Date of Receipt O7 30 2014 Transaction ID : A23B26AAD7EED4CB385 Amount of Each Receipt this Period 150.00 Date of Receipt O7 30 2014 Transaction ID : A80E026911F264957B62
Dr. Steve R. Feller Mailing Address 7507 Custer Rd W City State Zip Code Tacoma WA 98499-8138 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	07 30 / 2014
	Amount of Each Receipt this Period 50.00
Mailing Address 4213 Maid Stone Dr City State Zip Code	Date of Receipt 07 30 2014 Transaction ID: A9BB54F18196F4034AD6 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	300.00

FOR LINE NUMBER: PAGE 11 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Phillip Wayne Holloway Date of Receipt Mailing Address 2814 Berry St 30 2014 City Zip Code State Transaction ID: A4FFCF774E88A47A0BA4 Paris IL 61944-6832 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark Andrew Lambert Date of Receipt Mailing Address 2210 Fleance Dr 30 07 2014 City State Zip Code Transaction ID: A5A01C3C4214A4EE68DA FL Pensacola 32503-5827 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pensacola Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jason W. Rockwood Date of Receipt Mailing Address 3 Autumn Light PI 30 07 2014 City Zip Code State Transaction ID: AF2B95ABCBDBA4204A1C NM Santa Fe 87508-1334 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Glacier Foot & Ankle Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 12 OF 33 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Gary S. Saphire Date of Receipt Mailing Address 248 Avenue P 30 2014 City Zip Code State Transaction ID: A1D2E77D577044DFC9BE NY Brooklyn 11204-4934 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ingrid M. Stines Date of Receipt Mailing Address 3822 Hemmingway Dr 30 07 2014 City State Zip Code Transaction ID: A1940FF0689CF4FBF9C0 MI Okemos 48864-3835 Amount of Each Receipt this Period FEC ID number of contributing 46.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Craig H. Thomajan Date of Receipt Mailing Address 5000 Bee Caves Rd 30 07 2014 Ste 202 City State Zip Code Transaction ID: AFD40CA81BF454C9BBFF TX West Lake Hills 78746-5254 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Austin Foot & Ankle Specialists Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 231.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. John W. Benus Date of Receipt Mailing Address 4311 Chicot St 2014 31 City Zip Code State Transaction ID: AA1C5588E373445F6B7C MS Pascagoula 39581-4701 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David J. Freedman Date of Receipt Mailing Address 2128 Rose Theatre Cir 07 31 2014 City State Zip Code Transaction ID: A9B4E2A9016364A93AD2 MD Olney 20832-1677 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Stephen K. Grandfield Date of Receipt Mailing Address 7 the Thumb 07 31 2014 City Zip Code State Transaction ID: A734A2F85C29C431C891 IN Portage 46368-8706 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					PAGE	 14	OF
for each category of the Detailed Summary Page	(CII	11c	12					
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Vincent J. Hetherington Mailing Address 21948 Shagbark Trl		Date of Receipt 07 31 2014
City	State Zip Code	Transaction ID : A08775F5FC30B4531B4D
Strongsville	OH 44149-2280	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Kent State University College of Pod.	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Steven H. Lin Mailing Address 19213 Kepharts Mill Ter		Date of Receipt
·		07 31 2014
City	State Zip Code	Transaction ID : A4251D63445C04275A57
Leesburg	VA 20176-3863	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Dr. Stephen D. Palmer		Date of Receipt
Mailing Address 2117 Poplar Ridge Rd		07 31 2014
City	State Zip Code	Transaction ID : AA0DB30A911044A76B10
Pasadena	MD 21122-3819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Columbia Foot & Ankle Assoc.	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:	PAGE	15 OF	33
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16 F	717

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 A	Association Political Action Committe	⊝ e
Full Name (Last, First, Middle Initial) Dr. Marie C. Schlund Mailing Address 209 N Walnut St		Date of Receipt
3 3 3 3 3 5 2 5 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		07 31 2014
City	State Zip Code	Transaction ID : A458DE79CE5C9462F9DF
Itasca	IL 60143-1730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Itasca Foot & Ankle, Ltd.	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Mary T. Sheriff	,	Date of Receipt
Mailing Address 43162 Pecan Ridge Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	07 31 2014
Hammond	LA 70403-0602	Transaction ID : AA5FF76632B53475794B Amount of Each Receipt this Period
FEC ID number of contributing	10.00 0002	Amount of Each neceipt this Period
federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. James W. Stavosky	·	Date of Receipt
Mailing Address 1201 Vancouver Ave		M M / D D / Y Y Y Y Y
		07 31 2014
City	State Zip Code	Transaction ID : A0CD6D91E6DEE4FEEA5
Burlingame	CA 94010-5669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	l)	1100.00
TOTAL This Period (last page this line num	ber only)	

	FOR LINE NUMBER	PAGE	. 1	6	OF	3	3	
Use separate schedule(s) for each category of the	(check only one)		_					
Detailed Summary Page	X 11a 11b		11c		12			
, ,	13 14		15		16		1	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Dr. Gary S. Wallach Mailing Address Coral Ridge Podiatry 2737 E. Oakland Park Blve City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code FL 33306-1641 C Occupation Podiatric Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Jason G. Wilks Mailing Address 2260 NW Cabrillo Ct City Roseburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code OR 97471-6040 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line numl	per only)	7331.00

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Use separate schedule(s) for each category of the Detailed Summary Page Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 11a	PAGE 17 OF 33 11c 12 15 X 16 17 1citing contributions such committee.
Detailed Summary Page 111a 111b 115 11 13 14 14 15 15 15 16 16 17 18 16 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	15 X 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic	iciting contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic	citing contributions such committee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from	
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee	
Full Name (Last, First, Middle Initial)	
A. Lee Rogers For Congress Date of Receipt	
Mailing Address 118 Chestnut Pl.	Y = Y = Y = Y
City State Zip Code Transaction ID : A33E	2014
Fullerton CA 92832 Amount of Each Receip	BEC9D91CE2E49A3AB9
FEC. ID reverse of a satisfaction	ipt triis Period
federal political committee.	5000.00
Name of Employer Occupation	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 5000.00	
Full Name (Last, First, Middle Initial)	
B Date of Receipt	
Mailing Address	Y = Y = Y
City State Zip Code	
Amount of Each Receip	int this Period
FEC. ID growth on of acastributing	
fodoral political committee	7
Name of Employer Occupation	
Receipt For:	
Primary General Aggregate Year-to-Date ▼	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Date of Receipt	
Mailing Address	Y = Y = Y
City State Zip Code	int this Davied
FEC ID number of contributing	ipt triis Period
federal political committee.	
Name of Employer Occupation	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Aggregate real to Bate V	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	5000.00

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

5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 18 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only		
	Detailed Summary Page		22 X 23	24 25 26
Г		27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or u me and address of any poli	used by any perso tical committee to	on for the purpose of so solicit contributions fron	liciting contributions n such committee.
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Assoc	iation Political Action	on Committe	e	
Full Name (Last, First, Middle Initial)				
A. Adrian Smith For Congress			Date of Disbursemen	t
Moiling Address 2204 Avenue I			M M / D D	2014
Mailing Address 3321 Avenue I Suite 6			07 18	2014
City	State Zip Code			
Scottsbluff	NE 69361		Transaction ID : B5	CADC5011AB1454C934
Purpose of Disbursement				
			Amount of Each Disb	oursement this Period
Candidate Name		Category/		1000.00
Rep. Adrian M. Smith Office Sought: House Disburse	ment For 2011	Type		1.000.00
Office Sought: House Disburse Senate	ment For: 2014 Primary			
President	Other (specify)			
State: NE District: 03	Carlot (opcomy)			
Full Name (Last, First, Middle Initial)				
B. Cathy McMorris Rodgers For Con	aress		Date of Disbursemen	t
			M = M / D = D	/ Y Y Y Y Y
Mailing Address Box 137			07 18	2014
City	State Zip Code		Transaction ID : B0	F3055E1824745B1AF5
Spokane Purpose of Disbursement	WA 99210			
r dipose of bisbursement			Amount of Each Disb	oursement this Period
Candidate Name		Cotogogy		
Rep. Cathy A. McMorris Rodgers		Category/ Type		2000.00
Office Sought: House Disburse	ment For: 2014	'		
	Primary General			
President	Other (specify) ▼			
State: WA District: 05				
Full Name (Last, First, Middle Initial)	.l T. O		Date of Disbursemen	+
C. Committee To Re-Elect Trent Frai	iks to Congress			
Mailing Address PO Box 8105			07 18	2014
a 5 44 444 P 2 2 3 X 0 1 C C				
City	State Zip Code		Transaction ID · BO	CB88D010EFF14F9FA2E
Glendale	AZ 85312		Transaction is . Be	75005010E11114101AE
Purpose of Disbursement				
Candidate Name			Amount of Each Disb	oursement this Period
Rep. Trent Franks		Category/ Type		1500.00
•	ment For: 2014	Турс		
Senate	Primary General			
President	Other (specify) ▼			
State: AZ District: 08				
SUBTOTAL of Disbursements This Page (optional).		·····		4500.00
TOTAL This Period (last page this line number only	')			

SCHEDULI	E B (FEC Form 3X)							GE 19	OF 33	
ITEMIZED	DISBURSEMENTS		ate schedule(s) ategory of the	e(s) (check only one)						
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k	OMMITTEE (In Full)	ne and addre	.33 of any point	cai con	minuce to	3011011 00	niti ibation	3 110111 300	11 COIIIIII	
I \	n Podiatric Medical Assoc	iation Dal	itical Action	n Ca	mmitte	20				
America	II Fodiatiic Medical Assoc	ialion Poi	ilicai Actioi		1111111111	; E				
Full Name (L	ast, First, Middle Initial)									
A. Ed Royc	e For Congress					Date of	of Disburs	ement		
Mailin a Addu	D.O. D. 0505					M N			Y Y	Y
Mailing Addr	ess P.O. Box 2525					07		18	2014	
City		State	Zip Code			_				
Orange		CA	92859			Tran	saction ID) : B5B653	8A7BA7	34480A06
Purpose of D	Disbursement				-	1				
N						Amour	nt of Each	Disburser	nent this	Period
Candidate N					egory/				500	0.00
Office Sough	R. Royce	ment For: 20	14	Ту	уре	-	7	7		
Office 30ugi	Senate	Primary	General							
	President	Other (speci								
State: CA	District: 39	` '	<i>,</i> •							
Full Name (L	ast, First, Middle Initial)									
B. Freedon	n Project, The					Date of	of Disburs	ement		
	<u>, </u>					M = N			YY	Y
	ess 509 7th Street, NW Third Floor					07		18	2014	
City		State DC	Zip Code			Tran	saction II) : B36C72	86E982F	462997B
Washington Purpose of F	Disbursement	DC	20004							
. u.pooo o				П.		Amour	nt of Each	Disburser	nent this	Period
Candidate N	ame			Cate	egory/					
					ype		-		375	0.00
Office Sough		ment For: 20	014							
	Senate	Primary	General							
State:	President District:	Other (speci	fy) ▼ Other2014							
	_ast, First, Middle Initial)		Otherzora							
,	of Bill Posey					Date of	of Disburs	ement		
THOMAS	or Bill 1 odcy					M N	/ D	D / Y	YYY	Y
Mailing Addr	ess 2525 Aurora Rd. Suite 102					07		18	2014	
0.1		01-1-	7:- 0-1-							
City Melbourne		State FL	Zip Code 32935			Tran	saction II) : BD5480	:0E77832	249E782A
	Disbursement		02300		_					
						Amour	nt of Each	Disburser	nent this	Period
Candidate N				Cate	egory/				250	0.00
Rep. Bil	•				ype ,	L			250	0.00
Office Sough		ment For: 20								
	Senate President	Primary Other (specie	General							
State: FL	District: 08	Other (speci	ıy <i>)</i> ▼							
J.a.o. I'L	2.66									
SUBTOTAL of	Disbursements This Page (optional)				🕨				1125	0.00
	2 23 (24 20 20)					-		,	-	
TOTAL This P	eriod (last page this line number only)			▶					

SCHEDULE B (FEC Form 3X)	Harris I I I I I I	, FOR LINE	NUMBER:	PAGE 20 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s	s) (check only	one)	
_	Detailed Summary Page		22 🗙 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	ine and address of any pol	iudai committee to	SOlicit Contributions Tr	om such committee.
NAME OF COMMITTEE (In Full)	viotion Dalitical A-41	on Com:4-		
American Podiatric Medical Associ	Jalion Political Action	on Committe	е	
Full Name (Last, First, Middle Initial)				
A. Friends Of Joe Pitts			Date of Disburseme	ent
			M M / D D	/
Mailing Address PO Box 775			07 18	2014
City	State Zip Code			
Unionville	PA 19375		Transaction ID : E	BD8E80E4EED98448582E
Purpose of Disbursement				
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		5000.00
Rep. Joe R. Pitts Office Sought:	ment Ferr 2011	Туре		3000.00
Office Sought: House Disburse Senate	ement For: 2014			
President	Primary			
State: PA District: 16	Carlot (opeony)			
Full Name (Last, First, Middle Initial)				
B. Friends Of John Boehner			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 7908 Cincinnati Dayton Road			07 18	2014
Suite I	Charles Zin Condo			
City West Chester	State Zip Code OH 45069		Transaction ID : I	BC463CC653C784801BB1
Purpose of Disbursement	40000			
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		1250.00
Rep. John A. Boehner		Type		1250.00
	ement For: 2014			
Senate President	Primary			
State: OH District: 08	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Friends of Lois Capps			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 23940			07 18	2014
City	State 7in Code			
City Santa Barbara	State Zip Code CA 93121		Transaction ID : I	BE4A8D3E89FFC4F7690 <i>F</i>
Purpose of Disbursement	0.121			
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
Rep. Lois Capps		Type		1000.00
	ement For: 2014			
Senate President	Primary			
State: CA District: 24	Julio (apecity) ▼			
5,1 District 24				
SUBTOTAL of Disbursements This Page (optional)				7250.00
TOTAL This Period (last page this line number onl	y)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF	33
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25	26
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Asso	ciation Political Actio	n Committe	e	
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF SCOTT DESJARL	AIS		Date of Disbursement	
Mailing Address PO. BOX 90133			07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code			
NASHVILLE	TN 37209		Transaction ID: B8E843DE620D940	CD9D3
Purpose of Disbursement				
			Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	1000.0	10
Rep. Scott E. DesJarlais		Туре	1000.0	.0
Office Sought: House Disburs	sement For: 2014 ✓ Primary General Other (specify) ▼			
State: TN District: 04	_			
Full Name (Last, First, Middle Initial)				
B. GUTHRIE FOR CONGRESS			Date of Disbursement	,
Mailing Address PO BOX 9639			07 18 2014	
City BOWLING GREEN	State Zip Code KY 42102-9639		Transaction ID : BC958AE4A548840	СВА9В
Purpose of Disbursement			Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/		7
Rep. Brett Guthrie		Type	1000.0	00
Office Sought: Senate President State: KY District: 02	sement For: 2014 Primary			
Full Name (Last, First, Middle Initial)				
c. Hal Rogers For Congress			Date of Disbursement	
Mailing Address P.O. Box 1214			07 18 2014	
City	State Zip Code			D 4
Somerset	KY 42502		Transaction ID : BFB6E13A7909541	BA922
Purpose of Disbursement				
			Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	2500.0	0
Rep. Hal Rogers		Туре	2000.0	
Senate President	sement For: 2014 Primary ☐ General Other (specify) ▼			
State: KY District: 05				
SUBTOTAL of Disbursements This Page (optiona			4500.00	0
TOTAL This Period (last page this line number or	lly)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 22 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 X 23	24 25 26 28c 29 30b
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Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Assoc	iation Political Action	n Committe	е	
Full Name (Last, First, Middle Initial)				
A. HANABUSA FOR HAWAII			Date of Disbursemen	t
Mailing Address P.O. BOX 1416			07 18	2014
City	State Zip Code		Transaction ID - BE	F200FF7247C446F0FD
HONOLULU	HI 96806		Transaction ID : BB	353995F7317C416585D
Purpose of Disbursement			Amount of Each Disb	ursement this Period
Candidate Name		0.4	Annount of Each Blob	discinioni uno i silva
Colleen Wakako Hanabusa		Category/ Type		1500.00
Office Sought: House Disburse	ement For: 2014		,	,
X Senate	Primary General			
President	Other (specify) ▼			
State: HI District:				
Full Name (Last, First, Middle Initial)			Date of Disbursemen	t
B. Hastings For Congress				/ Y Y Y Y
Mailing Address P.O. Box 100277			07 18	2014
City Ft. Lauderdale	State Zip Code FL 33310		Transaction ID : BC	C9A0FFA6C32489CB9
Purpose of Disbursement				
		1	Amount of Each Disb	ursement this Period
Candidate Name		Category/		1500.00
Rep. Alcee L. Hastings Office Sought:	ment Ferr 2011	Type	7	,
	ment For: 2014 Primary General			
President	Other (specify)			
State: FL District: 20] (-p			
Full Name (Last, First, Middle Initial)				
C. JOE GARCIA FOR CONGRESS			Date of Disbursemen	t
			M M / D D	/
Mailing Address POST OFFICE BOX 0595			07 18	2014
City	State Zip Code			
MIAMI	FL 33196		Transaction ID : B3	8FFEC687F9143DAB7A
Purpose of Disbursement				
Candidate Name			Amount of Each Disb	ursement this Period
Rep. Joe A. Garcia		Category/ Type		1500.00
	ement For: 2014	туре	7	7
Senate	Primary General			
President	Other (specify) ▼			
State: FL District: 26				
				4500.00
SUBTOTAL of Disbursements This Page (optional).		·····•		4500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PA			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 X 23 24	25 26 29 30b	
[27	28a 28b 28c		
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
American Podiatric Medical Assoc	iation Political Actio	n Committe	е		
Full Name (Last, First, Middle Initial)					
A. Joe Wilson For Congress Committ	ee		Date of Disbursement	Y	
Mailing Address PO Box 2145			07 18	2014	
City	State Zip Code		Transaction ID - BEE4B	7D005 A 7C 490 A D42	
West Columbia	SC 29171		Transaction ID : BF54B	/ D995A/ C46UAD 13	
Purpose of Disbursement		· · · ·	Amount of Each Disburse	ment this Period	
Candidate Name		Category/		4500.00	
Rep. Joe Wilson		Type		1500.00	
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify) ▼				
State: SC District: 02					
Full Name (Last, First, Middle Initial)					
B. JOHNSON FOR CONGRESS			Date of Disbursement	Y	
Mailing Address PO BOX 14496			07 18	2014	
POLAND	State Zip Code OH 44514		Transaction ID : BDF47	AEABE64B459498/	
Purpose of Disbursement			Amount of Each Disburse	ment this Period	
Candidate Name		Category/		2500.00	
Rep. Bill Johnson		Type		2500.00	
Office Sought: House Disburse	ment For: 2014 Primary				
Full Name (Last, First, Middle Initial)			Data of Bishamana		
C. King For Congress			Date of Disbursement		
Mailing Address 116 N Main St. PO Box 400			07 18	2014	
	State Zip Code				
Early	IA 50535		Transaction ID : B86F6	BC49681C47AB9E0	
Purpose of Disbursement					
			Amount of Each Disburse	ment this Period	
Candidate Name		Category/		2500.00	
Rep. Steve A. King Office Sought: House Disburse	ment For: 2014	Туре	7		
Senate President	Primary ☐ General Other (specify) ▼				
State: IA District: 04					
SUBTOTAL of Disbursements This Page (optional)			7	6500.00	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Has seemed to the	, FOR LINE	
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	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b
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or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Ass	sociation Political Actio	on Committe	e
\bigvee			
Full Name (Last, First, Middle Initial)			Data of Dishamanana
A. Kurt Schrader For Congress			Date of Disbursement
Mailing Address PO Box 3314			07 18 2014
City	State Zip Code		Towns at law ID
Oregon City	OR 97045		Transaction ID : BA775BD6B3170488094D
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Kurt Schrader Office Sought: House Disb	ursement For: 2014	Type	
Senate	Primary Seneral		
President	Other (specify)		
State: OR District: 05			
Full Name (Last, First, Middle Initial)			
B. Larson For Congress			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 330 Main Street			07 18 2014
City	State Zip Code		Transaction ID : B7CDBD08A01D9410AB9
Hartford Purpose of Disbursement	CT 06106		
i dipose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Catananii	, mileani di Zuon Diesaneenieni une i diiea
Rep. John B. Larson		Category/ Type	2500.00
	ursement For: 2014		
Senate	Primary		
President	Other (specify) ▼		
State: CT District: 01			
Full Name (Last, First, Middle Initial)			Data of Diskumasmant
C. Levin For Congress			Date of Disbursement
Mailing Address PO Box 37			07 18 2014
3 - 1 - 1 - 1 - 2 - 2 - 1 - 1 - 2 - 1 - 1			
City	State Zip Code		Transaction ID : B13088FC274EA4E48B85
Roseville	MI 48066		Transaction 12 1 2 100001 021 127 12 10200
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Rep. Sandy M. Levin		Category/ Type	5000.00
	ursement For: 2014	1,750	
Senate	Y Primary General		
President	Other (specify) ▼		
State: MI District: 09			
			9000.00
SUBTOTAL of Disbursements This Page (optio	nal)	······	9000.00
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IT	EMIZED DISBURSEMENTS	Use separate for each cate		(check only	(check only one)							
		Detailed Sum		21b	22	X 23	24	25	26			
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	American Podiatric Medical Associ	ation Polition	al Action	Committe	ee							
/	Full Name (Last, First, Middle Initial)											
Α.	Lobiondo For Congress				Date o	f Disbursem						
	Mailing Address P.O. Box 550				07	18		2014	Y			
	City	State Zip	Code		Tuess	antina ID	DZCEOADA		24450071			
	Vineland	NJ 08	362		Irans	saction ID :	D/0EUAD4	DUBE	J4436971			
	Purpose of Disbursement				Amoun	t of Each D)ishursemer	nt this F	Period			
	Candidate Name				7 1110 011	t or Edon B	100010011101	10 1	01100			
	Rep. Frank A. LoBiondo			Category/ Type				2500	.00			
		nent For: 2014			1	,	,					
	Senate	Primary	General									
	President	Other (specify)	▼									
_	State: NJ District: 02											
R	Full Name (Last, First, Middle Initial)				Date o	f Disbursem	nent					
υ.	LOIS FRANKEL FOR CONGRESS)				_		Y Y	V			
	Mailing Address PO BOX 812421				07	18		2014	Y			
	City S BOCA RATON		Code 481		Trans	saction ID :	BF1136B2	778334	D18B35			
	Purpose of Disbursement				1							
					Amoun	t of Each D	isbursemer	nt this F	Period			
	Candidate Name			Category/				1500	0.00			
	Rep. Lois J. Frankel Office Sought:	nent For: 2014		Туре	-	,	,					
		Primary	General									
	President	Other (specify)										
	State: FL District: 22											
Ξ	Full Name (Last, First, Middle Initial)											
C.	Lone Star Leadership PAC				Date o	f Disbursem	nent					
	Mailing Address 104 Hume Avenue				07	18		2014	Υ			
	Walling Address 104 Hulle Avellue				, or	10						
	City	State Zip	Code		Trans	saction ID :	B25DC85F)FD4Δ3	848759D0			
	Alexandria	VA 22	301				22020002		.0.002			
	Purpose of Disbursement											
	Candidate Name			Ontonout	Amoun	t of Each D	osbursemer	nt this i	eriod			
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NAME OF COMMITTEE (In Full)													
American Podiatric Med	ical Associa	tion P	olitical Actio	n Co	mmi	ittee)						
Full Name (Last, First, Middle Initia	•												
A. Marsha Blackburn For C	Congress, In	C.						f Disbur					
Mailing Address PO Box 3750							07] / L	18	/	2014	Y	
City	St	tate	Zip Code				T	4!	ID . D	000444	D 4 07E	A 400 A	040
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Rep. Marsha Blackburn					egory/ ype					- 1	250	00.00	
Office Sought: House Senate President		ent For: Primary Other (sp	General										
State: TN District: 07			•										
Full Name (Last, First, Middle Initia	l)												
B. Mccollum For Congress	•							f Disbur					
Mailing Address P.O. Box 14131							07	/ L	18	/	2014	Y	
City St. Paul		tate MN	Zip Code 55114				Trans	action	ID : E	33A113E	05C61E	C49E9	ΑE
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Rep. Betty McCollum					ype			- 7	-	- 7	150	00.00	4
Office Sought: House Senate President State: MN District: 04		ent For: Primary Other (sp	General										
Full Name (Last, First, Middle Initia	l)												_
C. Moore For Congress							Date of	f Disbur	seme		YY		
Mailing Address PO Box 14631							07		18		2014		
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Shawnee Mission	k	(S	66285										-
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SCHEDULE B (FEC Form 3X)				
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NAME OF COMMITTEE (In Full)				
American Podiatric Medical Ass	ociation Political Action	Committe	е	
Full Name (Last, First, Middle Initial)				
A. Peters For Congress			Date of Disbursement	
Mailing Address PO Box 226			07 18 2014	
City	State Zip Code		Transaction ID - DD0F4027F4F444DD4DC2	
Bloomfield Hills	MI 48303		Transaction ID : BD0F1827F15444BB4BC3	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/	0500.00	
Rep. Gary C. Peters		Type	2500.00	
Office Sought: House Senate President	Primary General Other (specify) ▼			
State: MI District:				
Full Name (Last, First, Middle Initial)				
B. Ros-Lehtinen For Congress			Date of Disbursement	
Mailing Address PO Box 522784			07 18 2014	
City Miami	State Zip Code FL 33152		Transaction ID : BEE18615B727C4396BF5	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Ileana C. Ros-Lehtinen		Туре	1000.00	
Office Sought: House Disbrict Senate President State: FL District: 27	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Sensenbrenner Committee			Date of Disbursement	
Mailing Address P. O. Box 575			07 18 2014	
City Brookfield	State Zip Code WI 53008		Transaction ID : B7C267AD8CE644FC6B8	
Purpose of Disbursement	33000			
·		11	Amount of Each Disbursement this Period	
Candidate Name		Category/	1500.00	
Rep. Jim Sensenbrenner Jr. Office Sought: House Disb	ursement For: 2014	Туре	7 7 7	
Senate President	Primary General Other (specify) ▼			
State: WI District: 05				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:			
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Full Name (Last, First, Middle Initial)					
A. SOUTHERLAND FOR CONGRES	SS		Date of Disbursement		
Mailing Address DO DOV 1999				Y	
Mailing Address PO BOX 1692			07 18 2	2014	
City	State Zip Code				
LYNN HAVEN	FL 32444		Transaction ID : B55D4756	8EEAD4FA481A	
Purpose of Disbursement					
Condidate Name			Amount of Each Disbursemen	nt this Period	
Candidate Name		Category/		1500.00	
Rep. Steve Southerland II Office Sought: House Disburs	ement For: 2014	Type			
Senate	Primary General				
President	Other (specify)				
State: FL District: 02					
Full Name (Last, First, Middle Initial)					
B. Steve Israel For Congress Comm	ittee		Date of Disbursement		
				YYY	
Mailing Address PO Box 777			07 18	2014	
City	State Zip Code				
Deer Park	NY 11729		Transaction ID : BE346F35	74F20400D956	
Purpose of Disbursement					
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Candidate Name		Category/		2500.00	
Rep. Steve J. Israel Office Sought: House Disburse	ement For: 2014	Туре	7 7 7	. ,	
Senate Dispurse	Primary Seneral				
President	Other (specify)				
State: NY District: 03	, , ,, ,				
Full Name (Last, First, Middle Initial)					
C. Tammy Baldwin For Senate			Date of Disbursement		
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Mailing Address P.O. Box 696			07 18	2014	
City	State Zip Code				
Madison	WI 53701		Transaction ID : B19D603B	BE05BC4865A96	
Purpose of Disbursement					
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Candidate Name		Category/		1000.00	
Sen. Tammy Baldwin Office Sought: House Disburs	amont For: 2010	Туре		1000.00	
Office Sought: House Disburse	ement For: 2018 Primary General				
President	Other (specify)				
State: WI District:	(opoon) / \				
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A. Thoroughbred PAC			Date of Disburseme	
Mailing Address 499 South Capitol St. SW, Suite 42)		07 18	2014
•	State Zip Code		Transaction ID - I	3B6D32C76083D427AB98
Washington	DC 20003			AD90
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- -		Category/ Type		5000.00
Office Sought: House Disburser	nent For: 2014	75.5		
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B. Upton For All Of Us				
Mailing Address P.O. Box 490			07 18	2014
,	State Zip Code		Transaction ID : I	34A34E2C3CFFF427F807
St. Joseph Purpose of Disbursement	MI 49085			
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Candidate Name		Category/		
Rep. Fred S. Upton		Type		5000.00
	ment For: 2014	'		
Senate	Primary General			
State: MI District: 06	Other (specify) ▼			
State: MI District: 06 Full Name (Last, First, Middle Initial)				
C. Walberg For Congress			Date of Disburseme	ent
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Mailing Address PO Box 1362			07 18	2014
0.1				
City Jackson	State Zip Code MI 49204		Transaction ID:	33C2FEB1276444E2F807
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Candidate Name		Category/		
Rep. Tim L. Walberg		Type		1500.00
	ment For: 2014			
Senate President	Primary General Other (specify)			
State: MI District: 07	Other (specify)			
District UI				
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	Full Name (Last, First, Middle Initial)													
Α.	Welch For Congress						Date o	f Dis	burse	ment				
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	Mailing Address PO Box 1682						07	J	18	3	_ 2	2014		
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	City S Burlington	State VT	Zip Code 05402				Trans	sacti	on ID	: B969	3EAE	72ECF	E4687B	
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	Rep. Peter F. Welch				egory. ype	′	Ι.		m			250	0.00	
	•	nent For:	2014		71				,					
	✓ Senate ✓ Senate	Primary	General											
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В.	Capito For West Virginia						Date o	f Dis	burser	ment				
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	Mailing Address PO Box 11519						07		25	5	2	2014		
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	Charleston Purpose of Disbursement	VVV	25339											
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	Rep. Shelley Moore Capito				egory. ype	′						150	0.00	
		nent For:	2014		-									
	Senate	Primary	✓ General											
	President	Other (spe	ecify) 🔻											
	State: WV District: 02													
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C.	Garamendi For Congress						Date o	f Dis	burse	ment				
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	Mailing Address C/O California Political Law, Inc.						07		25	5	2	2014		
	3605 Long Beach Blvd., Ste. 426	21-1-	Zin Codo											
	City S Long Beach	State CA	Zip Code 90807				Trans	sacti	on ID	: B4A3	350E8	EBDD	14A709	
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	Candidate Name			Cot	egory	,	Amoun	. 01	Lacii	Disbuis	SCITICIT	1 11113	renou	
	Rep. John R. Garamendi				ype	′	١.	_				2500	0.00	
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NAME OF COMMITTEE (In Full)						
American Podiatric Medical Associ	ation Political Action	Committe	е			
Full Name (Last, First, Middle Initial)						
A. Jeff Miller For Congress			Date of Disburseme	ent		
Mailing Address P. O. Box 126			07 25	2014		
City	State Zip Code		Transaction ID : B	8060629EBA35E4851909		
Pensacola	FL 32591		Transaction ib . b	000029EBA33E4631909		
Purpose of Disbursement			Amount of Each Dis	sbursement this Period		
Candidate Name		Category/				
Rep. Jeff B. Miller		Type		2500.00		
Office Sought: House Disburse Senate President	nent For: 2014 Primary General Other (specify) ▼					
State: FL District: 01						
Full Name (Last, First, Middle Initial)						
B. Marsha Blackburn For Congress, I	nc.		Date of Disburseme	ent		
Mailing Address PO Box 3750			07 25	2014		
City Brentwood	State Zip Code TN 37024		Transaction ID : E	335D0834813D74CB7BC5		
Purpose of Disbursement			Amount of Each Dis	sbursement this Period		
Candidate Name		Category/				
Rep. Marsha Blackburn		Type		5000.00		
Office Sought: House Disburser	ment For: 2014					
Senate	Primary Seneral					
President State: TN District: 07	Other (specify) ▼					
Full Name (Last, First, Middle Initial)			5			
c. MCCONNELL VICTORY KENTUC	SKY		Date of Disburseme			
Mailing Address 228 S WASHINGTON ST STE 115	5		07 25	2014		
City	State Zip Code					
ALEXANDRIA	VA 22314		Transaction ID : E	391584C67FE6E4EE0B2E		
Purpose of Disbursement \$2500 McConnell For Senate General 2014; \$5000	KY GOP PAC		Amount of Each Dis	sbursement this Period		
Candidate Name		Category/ Type	Amount of Each Dis	7500.00		
Office Sought: House Disburser	ment For: 2014			,		
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NAME OF COMMITTEE (In Full)	7 1			
American Podiatric Medical Assoc	iation Political Acti	on Committe	e	
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Full Name (Last, First, Middle Initial)				
A. Clay Jr. For Congress			Date of Disbursem	ent
Mailing Address P.O. Box 4544			07 / D D	2014
-			07 20	2014
City	State Zip Code		T	D007F0D40407F4F600A0
St. Louis	MO 63108		Transaction ID :	B037E2D16427E45599A3
Purpose of Disbursement				
Canalislata Navas			Amount of Each Di	sbursement this Period
Candidate Name Rep. Lacy Clay Jr.		Category/		1500.00
	ment For: 2014	Type		
	Primary General			
President	Other (specify) ▼			
State: MO District: 01	•			
Full Name (Last, First, Middle Initial)				
B. Brad Miller For United States Cong	gress		Date of Disbursem	ent
			M M / D D	/
Mailing Address PO Box 10322			07 29	2014
City	State Zip Code			
Raleigh	NC 27605		Transaction ID :	B31CD9B09F44D48779E0
Purpose of Disbursement				
VOID -			Amount of Each Di	sbursement this Period
Candidate Name		Category/		-2400.00
Office Sought: House Disburse	ment For: 2012	Туре	7	7
Senate Dispurse				
President	Primary			
State: District:	(op:0) •			
Full Name (Last, First, Middle Initial)				
C. Dan Burton For Congress Commit	tee		Date of Disbursem	ent
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Mailing Address P.O. Box 50593			07 29	2014
- City	State Zip Code			
Indianapolis	IN 46250		Transaction ID:	BE97C23639CCF4D7087A
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Candidate Name		Category/		-1000.00
Office County		Туре		-1000.00
	ment For: 2012			
Senate President	Primary			
State: District:	Caron (opoonly) ▼			
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American Podiatric Medical Assoc	iation Political Action	n Committe	e				
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Full Name (Last, First, Middle Initial)							
A. Russ Carnahan In Congress Com	mittee		Date of Disbursemen	nt			
Mailing Address PO Box 190033			07 / 29	2014			
City	State Zip Code						
St Louis	MO 63119		Transaction ID : B	4FE3B7C687A5450E879			
Purpose of Disbursement							
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Candidate Name		Category/		-1200.00			
	_	Туре	7	-1200.00			
	ment For: 2012						
Senate President	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. Susan Davis For Congress			Date of Disbursemen	nt			
Oddan David For Congress			M M / D D	/ Y Y Y Y Y			
Mailing Address 1212 S. Victory Blvd.			07 29	2014			
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City	State Zip Code		Transaction ID : B	B12F240CC8EA44A2AB			
Burbank Purpose of Disbursement	CA 91502						
VOID -			Amount of Each Dis	bursement this Period			
Candidate Name		0.1	7 6. 246 2.6.				
Rep. Susan A. Davis		Category/ Type		-1000.00			
•	ment For: 2012						
Senate	Primary General						
President	Other (specify) ▼						
State: CA District: 53							
Full Name (Last, First, Middle Initial)							
C. RODNEY FOR CONGRESS			Date of Disbursemen	nt 			
Mailing Address PO BOX 344			07 31	2014			
Mailing Address PO BOX 344			07 31	2014			
City	State Zip Code		ID D				
TAYLORVILLE	IL 62568-0344		Transaction ID : B	79DFD26BA17E4760A5D			
Purpose of Disbursement							
Candidate Name			Amount of Each Dis	bursement this Period			
		Category/		2500.00			
Rep. Rodney L. Davis Office Sought: House Disburse	ment For: 2014	Туре		7			
Senate Dispulse	Primary General						
President	Other (specify)						
State: IL District: 13	(1 3) ∀						
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