

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2014 through 07 / 31 / 2014

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

Signature of Treasurer Dr. Randy K. Kaplan [Electronically Filed] Date 08 / 20 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		494355.15
(b) Cash on Hand at Beginning of Reporting Period.....	637199.15	
(c) Total Receipts (from Line 19)	18350.50	327294.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65549.65	821649.65
7. Total Disbursements (from Line 31).....	100400.00	266500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	555149.65	555149.65
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).....	7331.00	214985.00
(ii) Unitemized	6019.50	107309.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13350.50	322294.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13350.50	322294.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
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))..... ▶	18350.50	327294.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18350.50	327294.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100400.00	266500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100400.00	266500.00
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13350.50	322294.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13350.50	322294.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO 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 **250.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : A1907C1E86DEF478E829
 Amount of Each Receipt this Period **50.00**

B. Dr. Arnold S. Beresh
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Chadwick Pl
 City Newport News State VA Zip Code 23606-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peninsula Foot & Ankle Specialist Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **07 / 11 / 2014**
Transaction ID : AABDA609B664E41AFAA9
 Amount of Each Receipt this Period **200.00**

C. Dr. Jimmy W. Downing
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Tanners Ln
 City Earlysville State VA Zip Code 22936-9679
 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 **07 / 11 / 2014**
Transaction ID : A813FE879C6A34092A23
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **550.00**
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2909 Abernathy Lake Cv

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 ▼ 1250.00

Date of Receipt 07 / 11 / 2014
Transaction ID : AF0B5D46A857E44FBB09

Amount of Each Receipt this Period 750.00

B. Dr. Todd R. Hovermale
Full Name (Last, First, Middle Initial)

Mailing Address 1849 Allen Ln

City Anderson State IN Zip Code 46012-1903

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 07 / 15 / 2014
Transaction ID : AE8E78DBF95334B7A882

Amount of Each Receipt this Period 250.00

c. Dr. Christopher Otto Cook
Full Name (Last, First, Middle Initial)

Mailing Address 1825 E Main St Ste A

City Montrose State CO Zip Code 81401-3848

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 07 / 17 / 2014
Transaction ID : A2700ED6CE8FC43D3B2F

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 OF 33	
	(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"/> 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. Gregory L. Cooper

Full Name (Last, First, Middle Initial)
Mailing Address 8033 Paseo Del Ocaso

City La Jolla	State CA	Zip Code 92037-3232
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : A511244FDB5704F1EB6E

Amount of Each Receipt this Period

300.00

B. Dr. Martha Jullie Ajlouny

Full Name (Last, First, Middle Initial)
Mailing Address 530 N Elam Ave Ste A

City Greensboro	State NC	Zip Code 27403-1139
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FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Podiatry Associates	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : A280FC65E3462474CA6D

Amount of Each Receipt this Period

250.00

C. Dr. David R. Kirlin

Full Name (Last, First, Middle Initial)
Mailing Address 2600 Thomas Trl

City Gastonia	State NC	Zip Code 28054-4964
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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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : A9C354E4AF7E64382898

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 9 OF 33	
	(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"/> 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. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : AF0F2F2C2DEA0435B9FB
 Amount of Each Receipt this Period
 125.00

B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : AFA7605D2DA364DDC9BB
 Amount of Each Receipt this Period
 50.00

C. Dr. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ark LA TexFoot Specialists, LLC
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : A971C737B513F4428923
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. 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 ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : A23B26AAD7EED4CB385F
 Amount of Each Receipt this Period
 150.00

B. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : A80E026911F264957B62
 Amount of Each Receipt this Period
 50.00

C. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maid Stone Dr
 City Lake Charles State LA Zip Code 70605-4033
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : A9BB54F18196F4034AD6
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. 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 ▼ **300.00**

Date of Receipt: **07 / 30 / 2014**

Transaction ID : A4FFCF774E88A47A0BA4

Amount of Each Receipt this Period: **50.00**

B. Dr. Mark Andrew Lambert
Full Name (Last, First, Middle Initial)

Mailing Address 2210 Fleance Dr

City Pensacola State FL Zip Code 32503-5827

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

Name of Employer: Pensacola Foot & Ankle Center
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **07 / 30 / 2014**

Transaction ID : A5A01C3C4214A4EE68DA

Amount of Each Receipt this Period: **100.00**

C. Dr. Jason W. Rockwood
Full Name (Last, First, Middle Initial)

Mailing Address 3 Autumn Light Pl

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **07 / 30 / 2014**

Transaction ID : AF2B95ABCDBA4204A1C

Amount of Each Receipt this Period: **50.00**

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Gary S. Saphire
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 Avenue P
 City Brooklyn State NY Zip Code 11204-4934
 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 **510.00**

Date of Receipt **07 / 30 / 2014**
Transaction ID : A1D2E77D577044DFC9BE
 Amount of Each Receipt this Period **85.00**

B. Dr. Ingrid M. Stines
 Full Name (Last, First, Middle Initial)
 Mailing Address 3822 Hemmingway Dr
 City Okemos State MI Zip Code 48864-3835
 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 **230.00**

Date of Receipt **07 / 30 / 2014**
Transaction ID : A1940FF0689CF4FB9C0
 Amount of Each Receipt this Period **46.00**

C. Dr. Craig H. Thomajan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Bee Caves Rd Ste 202
 City West Lake Hills State TX Zip Code 78746-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 30 / 2014**
Transaction ID : AFD40CA81BF454C9BBFF
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **231.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. John W. Benus
Full Name (Last, First, Middle Initial)

Mailing Address 4311 Chicot St

City State Zip Code
Pascagoula MS 39581-4701

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
07 / 31 / 2014

Transaction ID : AA1C5588E373445F6B7C

Amount of Each Receipt this Period
150.00

B. Dr. David J. Freedman
Full Name (Last, First, Middle Initial)

Mailing Address 2128 Rose Theatre Cir

City State Zip Code
Olney MD 20832-1677

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A9B4E2A9016364A93AD2

Amount of Each Receipt this Period
500.00

c. Dr. Stephen K. Grandfield
Full Name (Last, First, Middle Initial)

Mailing Address 7 the Thumb

City State Zip Code
Portage IN 46368-8706

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A734A2F85C29C431C891

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Vincent J. Hetherington
 Full Name (Last, First, Middle Initial)
 Mailing Address 21948 Shagbark Trl
 City Strongsville State OH Zip Code 44149-2280
 Name of Employer Kent State University College of Pod. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : A08775F5FC30B4531B4D
 Amount of Each Receipt this Period 300.00

B. Dr. Steven H. Lin
 Full Name (Last, First, Middle Initial)
 Mailing Address 19213 Kepharts Mill Ter
 City Leesburg State VA Zip Code 20176-3863
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : A4251D63445C04275A57
 Amount of Each Receipt this Period 300.00

C. Dr. Stephen D. Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 Poplar Ridge Rd
 City Pasadena State MD Zip Code 21122-3819
 Name of Employer Columbia Foot & Ankle Assoc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : AA0DB30A911044A76B10
 Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Marie C. Schlund			Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014 Transaction ID : A458DE79CE5C9462F9DF		
Mailing Address 209 N Walnut St			Amount of Each Receipt this Period 500.00		
City Itasca	State IL	Zip Code 60143-1730			
FEC ID number of contributing federal political committee. C					
Name of Employer Itasca Foot & Ankle, Ltd.		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. Mary T. Sheriff			Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014 Transaction ID : AA5FF76632B5347594B		
Mailing Address 43162 Pecan Ridge Dr			Amount of Each Receipt this Period 300.00		
City Hammond	State LA	Zip Code 70403-0602			
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 ▼ 400.00			

Full Name (Last, First, Middle Initial) C. Dr. James W. Stavosky			Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014 Transaction ID : A0CD6D91E6DDEE4FEEA5D		
Mailing Address 1201 Vancouver Ave			Amount of Each Receipt this Period 300.00		
City Burlingame	State CA	Zip Code 94010-5669			
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			

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 16 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Gary S. Wallach
 Full Name (Last, First, Middle Initial)
 Mailing Address Coral Ridge Podiatry
 2737 E. Oakland Park Blvd.
 City Fort Lauderdale State FL Zip Code 33306-1641
 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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : A2F61CA9246654C02BB2
 Amount of Each Receipt this Period
150.00

B. Dr. Jason G. Wilks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 NW Cabrillo Ct
 City Roseburg State OR Zip Code 97471-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : A5662901DAE194FFD87C
 Amount of Each Receipt this Period
300.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	7331.00

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

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

FOR LINE NUMBER: PAGE 17 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lee Rogers For Congress

Mailing Address 118 Chestnut Pl.

City Fullerton State CA Zip Code 92832

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : A33EC9D91CE2E49A3AB9

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement

Candidate Name

Rep. Adrian M. Smith

Office Sought: House
 Senate
 President

State: NE District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : B5CADC5011AB1454C934

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement

Candidate Name

Rep. Cathy A. McMorris Rodgers

Office Sought: House
 Senate
 President

State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : B0F3055E1824745B1AF5

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Trent Franks To Congress

Mailing Address PO Box 8105

City State Zip Code
Glendale AZ 85312

Purpose of Disbursement

Candidate Name

Rep. Trent Franks

Office Sought: House
 Senate
 President

State: AZ District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : BCB88D010EFF14F9FA2B

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

1	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ed Royce For Congress

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

Candidate Name

Rep. Ed R. Royce

Office Sought: House
 Senate
 President

State: CA District: 39

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : B5B6538A7BA734480A06

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Freedom Project, The

Mailing Address 509 7th Street, NW
Third Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : B36C7286E982F462997B

Amount of Each Disbursement this Period

3	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Bill Posey

Mailing Address 2525 Aurora Rd. Suite 102

City Melbourne State FL Zip Code 32935

Purpose of Disbursement

Candidate Name

Rep. Bill Posey

Office Sought: House
 Senate
 President

State: FL District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : BD548C0E7783249E782A

Amount of Each Disbursement this Period

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

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

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

1	1	2	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Rep. Joe R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : BD8E80E4EED98448582E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

Rep. John A. Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : BC463CC653C784801BB1

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : BE4A8D3E89FFC4F7690A

Amount of Each Disbursement this Period

1000.00

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

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

7250.00

**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. FRIENDS OF SCOTT DESJARLAIS

Mailing Address PO. BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement

Candidate Name
Rep. Scott E. DesJarlais

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B8E843DE620D940CD9D3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102-9639

Purpose of Disbursement

Candidate Name
Rep. Brett Guthrie

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BC958AE4A54884CBA9B1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement

Candidate Name
Rep. Hal Rogers

Office Sought: House
 Senate
 President
State: KY District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BFB6E13A7909541BA922**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**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. HANABUSA FOR HAWAII

Mailing Address P.O. BOX 1416

City HONOLULU State HI Zip Code 96806

Purpose of Disbursement

Candidate Name

Colleen Wakako Hanabusa

Office Sought: House Senate President

State: HI District:

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BB53995F7317C416585D**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Hastings For Congress

Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement

Candidate Name

Rep. Alcee L. Hastings

Office Sought: House Senate President

State: FL District: 20

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BCC9A0FFA6C32489CB91**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. JOE GARCIA FOR CONGRESS

Mailing Address POST OFFICE BOX 0595

City MIAMI State FL Zip Code 33196

Purpose of Disbursement

Candidate Name

Rep. Joe A. Garcia

Office Sought: House Senate President

State: FL District: 26

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B38FFEC687F9143DAB7A**

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

**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. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement

Candidate Name

Rep. Joe Wilson

Office Sought: House
 Senate
 President

State: SC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BF54B7B995A7C480AB13**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. JOHNSON FOR CONGRESS

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President

State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BDF47AEABE64B459498A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. King For Congress

Mailing Address 116 N Main St.
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement

Candidate Name

Rep. Steve A. King

Office Sought: House
 Senate
 President

State: IA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B86F6BC49681C47AB9E0**

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

**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. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President

State: OR District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : BA775BD6B3170488094D

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address 330 Main Street

City Hartford State CT Zip Code 06106

Purpose of Disbursement

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

State: CT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : B7CDBD08A01D9410AB9D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Rep. Sandy M. Levin

Office Sought: House
 Senate
 President

State: MI District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : B13088FC274EA4E48B85

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lobiondo For Congress

Mailing Address P.O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : **B76E0AD4DDBEC445697D**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. LOIS FRANKEL FOR CONGRESS

Mailing Address PO BOX 812421

City BOCA RATON State FL Zip Code 33481

Purpose of Disbursement

Candidate Name
Rep. Lois J. Frankel

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: FL District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : **BF1136B2778334D18B35**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: District: Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : **B25DC85DED4A348759DC**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	0	0	0	.	0	0
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5	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B698441DA87EA40CA812**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mccollum For Congress

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement

Candidate Name

Rep. Betty McCollum

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B3A113D5C61BC49E9AE4**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 14631

City State Zip Code
Shawnee Mission KS 66285

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BE40370569794431E850**

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

**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. Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement

Candidate Name

Rep. Gary C. Peters

Office Sought: House Senate President

State: MI District:

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BD0F1827F15444BB4BC3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement

Candidate Name

Rep. Ileana C. Ros-Lehtinen

Office Sought: House Senate President

State: FL District: 27

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BEE18615B727C4396BF5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sensenbrenner Committee

Mailing Address P. O. Box 575

City Brookfield State WI Zip Code 53008

Purpose of Disbursement

Candidate Name

Rep. Jim Sensenbrenner Jr.

Office Sought: House Senate President

State: WI District: 05

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B7C267AD8CE644FC6B81**

Amount of Each Disbursement this Period

1500.00

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

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

5000.00

**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. SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement

Candidate Name
Rep. Steve Southerland II

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : B55D47568EEAD4FA481A

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement

Candidate Name
Rep. Steve J. Israel

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : BE346F3574F20400D956

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

Candidate Name
Sen. Tammy Baldwin

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : B19D603BE05BC4865A96

Amount of Each Disbursement this Period

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

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

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

5	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thoroughbred PAC

Mailing Address 499 South Capitol St. SW, Suite 42

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **BB6D32C76083D427AB98**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

Rep. Fred S. Upton

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: MI

District: 06

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B4A34E2C3CFFF427F807**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

Candidate Name

Rep. Tim L. Walberg

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: MI

District: 07

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : **B3C2FEB1276444E2F807**

Amount of Each Disbursement this Period

1500.00

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

11500.00

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. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

Candidate Name

Rep. Peter F. Welch

Office Sought: House Senate President

State: VT District:

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : **B9693EAE72ECE4687BC5**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Capito For West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

Candidate Name

Rep. Shelley Moore Capito

Office Sought: House Senate President

State: WV District: 02

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	4

Transaction ID : **B8EB261B7023142CCBF5**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Garamendi For Congress

Mailing Address C/O California Political Law, Inc.
3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement

Candidate Name

Rep. John R. Garamendi

Office Sought: House Senate President

State: CA District: 03

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	4

Transaction ID : **B4A350E8EBDD14A7091D**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement

Candidate Name

Rep. Jeff B. Miller

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			2	5			2	0	1

Transaction ID : B060629EBA35E4851909

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			2	5			2	0	1

Transaction ID : B35D0834813D74CB7BC5

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. MCCONNELL VICTORY KENTUCKY

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
\$2500 McConnell For Senate General 2014; \$5000 KY GOP PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			2	5			2	0	1

Transaction ID : B91584C67FE6E4EE0B2E

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clay Jr. For Congress

Mailing Address P.O. Box 4544

City State Zip Code
St. Louis MO 63108

Purpose of Disbursement

Candidate Name

Rep. Lacy Clay Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : B037E2D16427E45599A3

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Brad Miller For United States Congress

Mailing Address PO Box 10322

City State Zip Code
Raleigh NC 27605

Purpose of Disbursement
VOID -

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : B31CD9B09F44D48779E0

Amount of Each Disbursement this Period

-2400.00

Full Name (Last, First, Middle Initial)

C. Dan Burton For Congress Committee

Mailing Address P.O. Box 50593

City State Zip Code
Indianapolis IN 46250

Purpose of Disbursement
VOID -

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : BE97C23639CCF4D7087A

Amount of Each Disbursement this Period

-1000.00

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

-1900.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russ Carnahan In Congress Committee

Mailing Address PO Box 190033

City St Louis State MO Zip Code 63119

Purpose of Disbursement
VOID -

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : B4FE3B7C687A5450E879

Amount of Each Disbursement this Period

-1200.00

Full Name (Last, First, Middle Initial)

B. Susan Davis For Congress

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement
VOID -

Candidate Name

Rep. Susan A. Davis

Office Sought: House Senate President
State: CA District: 53

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : BB12F240CC8EA44A2AB1

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568-0344

Purpose of Disbursement

Candidate Name

Rep. Rodney L. Davis

Office Sought: House Senate President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : B79DFD26BA17E4760A5D

Amount of Each Disbursement this Period

2500.00

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

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

300.00

100400.00