

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

5. Covering Period 03 / 01 / 2014 through 03 / 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 Kaplan DPM

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="569501.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="75061.50"/>	<input type="text" value="205708.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="644563.15"/>	<input type="text" value="700063.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29500.00"/>	<input type="text" value="85000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="615063.15"/>	<input type="text" value="615063.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57574.00	151961.00
(ii) Unitemized	17487.50	53747.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75061.50	205708.00
(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)	75061.50	205708.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	75061.50	205708.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75061.50	205708.00

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.....	29500.00	85000.00
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)) ..	29500.00	85000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	85000.00

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)	75061.50	205708.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75061.50	205708.00
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 50
	<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. Gerald W. Torgesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 896 Shirley Ln.
 City Boulder City State NV Zip Code 89005-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Surgical Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : 21598121
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael Joseph Cornelison
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Anne Way
 City Los Gatos State CA Zip Code 95032-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cupertino Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014
Transaction ID : 21624529
 Amount of Each Receipt this Period
 500.00

C. Dr. Ronald D. Jensen
 Full Name (Last, First, Middle Initial)
 Mailing Address Sutter Gould Medical Foundation
 600 Coffee Rd.
 City Modesto State CA Zip Code 95355-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Gould Medical Foundation Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014
Transaction ID : 21624744
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. William H. Dabdoub
Full Name (Last, First, Middle Initial)

Mailing Address 100 Ayshire Ct.

City Slidell State LA Zip Code 70461-5034

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
03 / 06 / 2014
Transaction ID : 21624745

Amount of Each Receipt this Period
150.00

B. Dr. Michael A. Stein
Full Name (Last, First, Middle Initial)

Mailing Address 3612 Vista Charonoaks

City Walnut Creek State CA Zip Code 94598-4050

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
03 / 06 / 2014
Transaction ID : 21624831

Amount of Each Receipt this Period
300.00

C. Dr. Debra Dale Weinstock
Full Name (Last, First, Middle Initial)

Mailing Address 35 Fairway Ct.

City Roslyn State NY Zip Code 11576-1009

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
03 / 06 / 2014
Transaction ID : 21624832

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Joshua D. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5609 Sycamore Dr.
 City Yakima State WA Zip Code 98901-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cascade Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 21624900
 Amount of Each Receipt this Period
 300.00

B. Dr. Stuart Boyd Cardon
 Full Name (Last, First, Middle Initial)
 Mailing Address Cascade Foot & Ankle
 3919 Creekside Loop
 City Yakima State WA Zip Code 98902-4877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cascade Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 21624901
 Amount of Each Receipt this Period
 300.00

C. Dr. Kenneth E. Jacoby
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 N. 916 Middlecreek Ln.
 City Saint Charles State IL Zip Code 60175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elgin Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 21624905
 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 9 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gary M. Kazmer		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 Transaction ID : 21624907
Mailing Address 2015 Blyth Ct.		Amount of Each Receipt this Period 300.00
City Inverness	State IL	Zip Code 60010-5630
FEC ID number of contributing federal political committee. C		
Name of Employer Family Foot Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Laura J. Pickard		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 Transaction ID : 21624908
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60634-3547
FEC ID number of contributing federal political committee. C		
Name of Employer Norridge Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary S. Wallach		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 Transaction ID : 21624909
Mailing Address Coral Ridge Podiatry 2737 E. Oakland Park Blvd.		Amount of Each Receipt this Period 150.00
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: <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).....▶	1450.00
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 50
	<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. Steven M. Spinner
Full Name (Last, First, Middle Initial)

Mailing Address 1031 Coralina Ln.

City Delray Beach State FL Zip Code 33483-6792

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
03 / 06 / 2014
Transaction ID : 21624910

Amount of Each Receipt this Period
500.00

B. Dr. M. Diane Collier
Full Name (Last, First, Middle Initial)

Mailing Address 800 N. Iroquois Ave.

City Dothan State AL Zip Code 36303-3224

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

Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 06 / 2014
Transaction ID : 21625185

Amount of Each Receipt this Period
500.00

c. Dr. G. Gregg Neibauer
Full Name (Last, First, Middle Initial)

Mailing Address 1845 Bancroft St.

City Missoula State MT Zip Code 59801-5747

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

Name of Employer Alpine Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 08 / 2014
Transaction ID : 21625480

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<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. Lawrence A. Santi
Full Name (Last, First, Middle Initial)

Mailing Address 31 Mayflower Ave.

City Williston Park State NY Zip Code 11596-1517

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2014
Transaction ID : 21625489

Amount of Each Receipt this Period 1000.00

B. Dr. James Q. McClelland
Full Name (Last, First, Middle Initial)

Mailing Address 2002 12th Ave. N.W. #F

City Ardmore State OK Zip Code 73401-1206

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2014
Transaction ID : 21625503

Amount of Each Receipt this Period 500.00

C. Dr. Sylvia Virbulis
Full Name (Last, First, Middle Initial)

Mailing Address Piedmont Foot & Ankle Care
316 S. Church St.

City Salisbury State NC Zip Code 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2014
Transaction ID : 21625685

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<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. Jeffrey R. DeSantis
Full Name (Last, First, Middle Initial)

Mailing Address 2611 Circle Dr.

City Newport Beach State CA Zip Code 92663-5616

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2014
Transaction ID : 21626168

Amount of Each Receipt this Period 1000.00

B. Dr. Timothy John Siegfried
Full Name (Last, First, Middle Initial)

Mailing Address 10107 E. 94th St. N.

City Owasso State OK Zip Code 74055-6838

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 03 / 10 / 2014
Transaction ID : 21626213

Amount of Each Receipt this Period 300.00

C. Dr. Martin V. Sloan
Full Name (Last, First, Middle Initial)

Mailing Address 2409 Whispering Oaks Ct.

City Abilene State TX Zip Code 79606-4366

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 03 / 10 / 2014
Transaction ID : 21626214

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<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. Mr. Peter Stein
Full Name (Last, First, Middle Initial)

Mailing Address 1164 Silver Beech Road

City Herndon State VA Zip Code 20170-2328

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

Name of Employer American Podiatric Medical Association Occupation Director of Legislative Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : 21626250

Amount of Each Receipt this Period
 500.00

B. 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 71106-8158

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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 21626289

Amount of Each Receipt this Period
 100.00

C. Dr. Gad N. Flaumenhaft
Full Name (Last, First, Middle Initial)

Mailing Address 1825 Box Elder Ct.

City Indianapolis State IN Zip Code 46260-1507

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
 03 / 13 / 2014
Transaction ID : 21626891

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 14 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. David G. Edwards		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2014 Transaction ID : 21626892
Mailing Address 1651 Saddle Hill Dr.		Amount of Each Receipt this Period 1000.00
City Logan	State UT	Zip Code 84321-4828
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Patrick A. McShane		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2014 Transaction ID : 21626932
Mailing Address 2605 S. Marlan Ave.		Amount of Each Receipt this Period 1000.00
City Springfield	State MO	Zip Code 65804-3808
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Phillip E. Ward		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2014 Transaction ID : 21626933
Mailing Address 2321 Timberlane Dr.		Amount of Each Receipt this Period 500.00
City Florence	State SC	Zip Code 29506-8338
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Health Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Stephen C. Wan
Full Name (Last, First, Middle Initial)

Mailing Address 3221 Blume Dr.

City Rossmoor State CA Zip Code 90720-4812

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: **03 / 12 / 2014**

Transaction ID : 21627024

Amount of Each Receipt this Period: **500.00**

B. Dr. Grace D. Pascual
Full Name (Last, First, Middle Initial)

Mailing Address 86274 Alamihi St.

City Waianae State HI Zip Code 96792-2911

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: **03 / 12 / 2014**

Transaction ID : 21627025

Amount of Each Receipt this Period: **300.00**

C. Dr. Randy K. Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 6578 Post Oak Dr.

City West Bloomfield State MI Zip Code 48322-3830

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

Name of Employer: Self-Employed Occupation: Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt: **03 / 12 / 2014**

Transaction ID : 21627026

Amount of Each Receipt this Period: **5.00**

SUBTOTAL of Receipts This Page (optional).....▶	805.00
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 50
	<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. Donald R. Blum
Full Name (Last, First, Middle Initial)

Mailing Address 6416 Wickerwood Dr.

City Dallas State TX Zip Code 75248-2901

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2014
Transaction ID : 21627027

Amount of Each Receipt this Period 300.00

B. Dr. Zahid A. Ladha
Full Name (Last, First, Middle Initial)

Mailing Address 3544 Marquis Ct.

City Floyds Knobs State IN Zip Code 47119-9766

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2014
Transaction ID : 21627208

Amount of Each Receipt this Period 250.00

C. Dr. Kevan R. Kreitman
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Pierce St.

City Birmingham State MI Zip Code 48009-1773

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

Name of Employer Shores Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2014
Transaction ID : 21628295

Amount of Each Receipt this Period 1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gerald D. Peterson			Date of Receipt
Mailing Address 6627 Apollo Rd.			M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2014
City	State	Zip Code	Transaction ID : 21628296
West Linn	OR	97068-2807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Family Foot Clinic	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Randy K. Kaplan			Date of Receipt
Mailing Address 6578 Post Oak Dr.			M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2014
City	State	Zip Code	Transaction ID : 21628297
West Bloomfield	MI	48322-3830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Self-Employed	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1005.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Odin de los Reyes			Date of Receipt
Mailing Address 351 Crest Rd.			M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2014
City	State	Zip Code	Transaction ID : 21628451
Southington	CT	06489-2868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Self	Podiatric Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Thomas Charles Melillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 22862 S.W. Saunders Dr.
 City Sherwood State OR Zip Code 97140-8236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628768
 Amount of Each Receipt this Period
 500.00

B. Dr. Kari E. Prescott
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 E. Rustic Lodge
 City Minneapolis State MN Zip Code 55419-5618
 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
 03 / 15 / 2014
Transaction ID : 21628769
 Amount of Each Receipt this Period
 300.00

C. Dr. Michael T. Joyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 3441 Churchill Dr.
 City Woodbury State MN Zip Code 55125-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roseville Podiatry Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628770
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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
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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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628771
 Amount of Each Receipt this Period
550.00

B. Dr. Eric R. Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4210 N. Virginia Rd.
 City Long Beach State CA Zip Code 90807-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Memorial Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628773
 Amount of Each Receipt this Period
1000.00

C. Mrs. Candace Daly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1296 W. 475 S.
 City Farmington State UT Zip Code 84025-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Podiatric Medical Association Occupation Executive Director
 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
 03 / 15 / 2014
Transaction ID : 21628774
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<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. Robert A. Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Peck Rd.
 City Hilton State NY Zip Code 14468-9354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628778
 Amount of Each Receipt this Period
 300.00

B. Dr. Richard S. Eisner
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Horton St.
 City Salem State MA Zip Code 01970-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628779
 Amount of Each Receipt this Period
 500.00

C. Dr. David B. Alper
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Oak Ave.
 City Belmont State MA Zip Code 02478-2751
 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
 03 / 15 / 2014
Transaction ID : 21628781
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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. Christopher T. Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5343 Driftwood Dr.
 City Imperial State MO Zip Code 63052-4309
 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 03 / 15 / 2014
Transaction ID : 21628782
 Amount of Each Receipt this Period 500.00

B. Dr. Bruce Gary Blank
 Full Name (Last, First, Middle Initial)
 Mailing Address 63728 Patch St.
 City Stewartsville State OH Zip Code 43933-9631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Achilles Foot & Ankle Surgery Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 15 / 2014
Transaction ID : 21628783
 Amount of Each Receipt this Period 300.00

c. Dr. Christopher S. Grandfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 921E 650N
 City Laporte State IN Zip Code 46350-8976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 15 / 2014
Transaction ID : 21628784
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<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. Patricia Nicholas
Full Name (Last, First, Middle Initial)
Mailing Address 15 Arborvitae Ln.
City Miller Place State NY Zip Code 11764-3020
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2014
Transaction ID : 21628785
Amount of Each Receipt this Period
150.00

B. Dr. Vanessa M. Darmochwal
Full Name (Last, First, Middle Initial)
Mailing Address 15 Hasbrouck Ave.
City Highland State NY Zip Code 12528-1728
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
03 / 15 / 2014
Transaction ID : 21628788
Amount of Each Receipt this Period
250.00

C. Mr. Matt Solak
Full Name (Last, First, Middle Initial)
Mailing Address 101 W. Ohio Street Suite 780
City Indianapolis State IN Zip Code 46204-1995
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindsvatter & Associates
Occupation Deputy Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2014
Transaction ID : 21628789
Amount of Each Receipt this Period
500.00

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 23 OF 50
	<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. Scott L. Shindler
Full Name (Last, First, Middle Initial)

Mailing Address 508 James Pl.

City Yankton State SD Zip Code 57078-1830

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

Name of Employer Shindler Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628791

Amount of Each Receipt this Period
 300.00

B. Mr. Derek Dalling
Full Name (Last, First, Middle Initial)

Mailing Address 1000 W. St. Joseph HWY. STE 200

City Lansing State MI Zip Code 48915-2552

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

Name of Employer Kindsvatter and Associates Occupation Executive Director-AAPPM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628792

Amount of Each Receipt this Period
 1000.00

c. Dr. Leslie Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5105 Sanibel Ct.

City Plano State TX Zip Code 75093-2583

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

Name of Employer Presbyterian Hospital of Allen Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628794

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 24 OF 50
	<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. Mark E. Pinker
 Full Name (Last, First, Middle Initial)
 Mailing Address Pinker & Associates
 47 Brookwood Ave.
 City Carlisle State PA Zip Code 17015-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinker & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628797
 Amount of Each Receipt this Period
 300.00

B. Dr. Jerauld D. Ferritto Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2396 Club Rd.
 City Upper Arlington State OH Zip Code 43221-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628798
 Amount of Each Receipt this Period
 500.00

C. Dr. Kirk Geter
 Full Name (Last, First, Middle Initial)
 Mailing Address 11121 Lake Victoria Ln.
 City Bowie State MD Zip Code 20720-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard University College of Medicine Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628799
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Troy David Zimbelman			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2014 Transaction ID : 21628800
Mailing Address 121 E. Poplar St.			Amount of Each Receipt this Period 500.00
City Prattville	State AL	Zip Code 36066-3638	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Paul Kinberg			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2014 Transaction ID : 21628801
Mailing Address 6023 Gentle Knoll Ln.			Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75248-2122	
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. S. F. Charley Hartley			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2014 Transaction ID : 21628802
Mailing Address 2201 Juanita Ln.			Amount of Each Receipt this Period 300.00
City Deer Park	State TX	Zip Code 77536-4214	
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).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Kerry Jay Sweet		Date of Receipt MM / DD / YYYY 03 / 15 / 2014
Mailing Address 4501 68th Ave. W.		Transaction ID : 21628803
City University Place	State WA	Zip Code 98466-4919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. George Michael Nassoor		Date of Receipt MM / DD / YYYY 03 / 15 / 2014
Mailing Address 201 E. Lafayette St.		Transaction ID : 21628804
City Easton	State PA	Zip Code 18042-1675
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Alyssa Kay Stephenson		Date of Receipt MM / DD / YYYY 03 / 16 / 2014
Mailing Address 1093 Spring Lake Dr.		Transaction ID : 21628806
City Fond Du Lac	State WI	Zip Code 54935-9726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Family Foot Clinics of WI	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).....▶	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 27 OF 50
	<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. Frederick Samuel Mechanik
 Full Name (Last, First, Middle Initial)
 Mailing Address 8428 Brook Valley Dr.
 City Fountain State CO Zip Code 80817-4095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628807
 Amount of Each Receipt this Period
 300.00

B. Dr. Kert W. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 7688 W. Portneuf Rd.
 City Pocatello State ID Zip Code 83204-7336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocatello Podiatry Associates
 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
 03 / 16 / 2014
Transaction ID : 21628808
 Amount of Each Receipt this Period
 350.00

C. Dr. Lawrence B. Harkless
 Full Name (Last, First, Middle Initial)
 Mailing Address 3622 Emory Way
 City Pomona State CA Zip Code 91767-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Univ. of Health Sciences
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628809
 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 28 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Richard A. Altwerger
 Full Name (Last, First, Middle Initial)
 Mailing Address Village Medical Arts Complex
 77 Miller Rd. #202
 City Castleton On Hudson State NY Zip Code 12033-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628810
 Amount of Each Receipt this Period
500.00

B. Dr. Chester A. Nava Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Gilliland Rd.
 City Louisville State KY Zip Code 40245-4034
 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
 03 / 16 / 2014
Transaction ID : 21628812
 Amount of Each Receipt this Period
300.00

C. Dr. Joseph A. Sciandra
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1126
 City Amherst State NY Zip Code 14226-7126
 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
 03 / 16 / 2014
Transaction ID : 21628813
 Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. Patricia A. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 201 Terre Coupe St.

City Buchanan State MI Zip Code 49107-1029

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
03 / 16 / 2014
Transaction ID : 21628814

Amount of Each Receipt this Period
250.00

B. Dr. Heidi R. Newkirk
Full Name (Last, First, Middle Initial)

Mailing Address 38 Hawthorne Dr. #E208

City Bedford State NH Zip Code 03110-6890

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

Name of Employer Greater Salem Family Foot Care Assoc.
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 16 / 2014
Transaction ID : 21628815

Amount of Each Receipt this Period
300.00

C. Dr. Stanley A. Gorgol
Full Name (Last, First, Middle Initial)

Mailing Address 5 Terracewood Rd.

City Londonderry State NH Zip Code 03053-2409

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

Name of Employer New Hampshire Podiatric Medical Assn.
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 16 / 2014
Transaction ID : 21628816

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<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. Christian A. Robertozzi
Full Name (Last, First, Middle Initial)
Mailing Address 43 Douma Dr.
City Newton State NJ Zip Code 07860-1558
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 **03 / 16 / 2014**
Transaction ID : 21628817
Amount of Each Receipt this Period **500.00**

B. Dr. Blake Odell Zobell
Full Name (Last, First, Middle Initial)
Mailing Address 855 N. 225 W.
City Richfield State UT Zip Code 84701-1775
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 **03 / 16 / 2014**
Transaction ID : 21628818
Amount of Each Receipt this Period **50.00**

C. Dr. Barry H. Block
Full Name (Last, First, Middle Initial)
Mailing Address 104-40 Queens Blvd.
City Forest Hills State NY Zip Code 11375-3637
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 **03 / 16 / 2014**
Transaction ID : 21628819
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Kile W. Kinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3552 Carnoustie Dr.
 City State Zip Code
 Martinez GA 30907-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Foot & Ankle Group 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
 03 / 16 / 2014
Transaction ID : 21628820
 Amount of Each Receipt this Period
 300.00

B. Dr. Thomas V. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Main St.
 City State Zip Code
 Suffield CT 06078-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Podiatry Care Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628821
 Amount of Each Receipt this Period
 400.00

C. Dr. Craig S. Friedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3734 Ashley Way
 City State Zip Code
 Owings Mills MD 21117-1400
 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
 03 / 16 / 2014
Transaction ID : 21628822
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David Stewart Liebow
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Peaked Mountain Rd.

City Townshend State VT Zip Code 05353

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2014

Transaction ID : 21628823

Amount of Each Receipt this Period
500.00

B. Dr. Scott E. Hughes
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Specialists, PC
1060 N. Monroe St.

City Monroe State MI Zip Code 48162-3113

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2014

Transaction ID : 21628843

Amount of Each Receipt this Period
500.00

C. Dr. Lloyd S. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 65 Hartman Rd.

City Newton Center State MA Zip Code 02459-3035

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2014

Transaction ID : 21628845

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 33 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Maria A. Branca
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Sadore Ln. #4B
 City Yonkers State NY Zip Code 10710-4727
 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
 03 / 16 / 2014
Transaction ID : 21628846
 Amount of Each Receipt this Period
 300.00

B. Dr. Paul Z. Sheremeta
 Full Name (Last, First, Middle Initial)
 Mailing Address Capital Foot Specialists
 3761 Carman Rd.
 City Schenectady State NY Zip Code 12303-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 03 / 16 / 2014
Transaction ID : 21628850
 Amount of Each Receipt this Period
 1000.00

C. Dr. Jondelle B. Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address J.B. Jenkins & Associates
 1706 E. 87th St.
 City Chicago State IL Zip Code 60617-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 834.00

Date of Receipt
 03 / 17 / 2014
Transaction ID : 21635115
 Amount of Each Receipt this Period
 834.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2134.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<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. Marc D. Lenet
Full Name (Last, First, Middle Initial)

Mailing Address 1 Shaded Glen Ct.

City Owings Mills	State MD	Zip Code 21117-3048
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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
03	/	17	/	2014

Transaction ID : 21635116

Amount of Each Receipt this Period
300.00

B. Dr. Paul Davis Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 56 Blithewood Dr.

City Pensacola	State FL	Zip Code 32514-8193
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : 21635117

Amount of Each Receipt this Period
300.00

C. Dr. Francis John Rottier
Full Name (Last, First, Middle Initial)

Mailing Address 1529 W. Montana St. #1

City Chicago	State IL	Zip Code 60614-2007
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : 21635491

Amount of Each Receipt this Period
550.00

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 35 OF 50
	<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
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Syed Khalid Husain
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 McGlashey Dr.
 City South Barrington State IL Zip Code 60010-7108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Foot & Ankle Clinics Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : 21635493
 Amount of Each Receipt this Period
 300.00

B. Dr. William M. Jenkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Nadina Way
 City Greenbrae State CA Zip Code 94904-1131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parnassus Heights Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : 21635499
 Amount of Each Receipt this Period
 300.00

C. Dr. Bradford W. Glass
 Full Name (Last, First, Middle Initial)
 Mailing Address 4603 Island Dr.
 City Midland State TX Zip Code 79707-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : 21637172
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<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. Alan J. Block
Full Name (Last, First, Middle Initial)

Mailing Address 1833 Lake Shore Dr.

City Columbus State OH Zip Code 43204-4964

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 03 / 17 / 2014
Transaction ID : 21637197

Amount of Each Receipt this Period 300.00

B. Mr. Michael Borden
Full Name (Last, First, Middle Initial)

Mailing Address 1255 5th Ave.

City New York State NY Zip Code 10029-3852

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

Name of Employer New York State Podiatric Medical Assoc Occupation Interim Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2014
Transaction ID : 21637198

Amount of Each Receipt this Period 500.00

C. Dr. Kenneth F. Malkin
Full Name (Last, First, Middle Initial)

Mailing Address 3630 Gardens Pkwy. #902C

City Palm Beach Gardens State FL Zip Code 33410-2783

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 03 / 17 / 2014
Transaction ID : 21637201

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<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. Robert J. Warkala

Full Name (Last, First, Middle Initial)
Mailing Address 59 Harrowgate Dr.

City Cherry Hill	State NJ	Zip Code 08003-1938
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	21	/	2014

Transaction ID : 21637275

Amount of Each Receipt this Period

100.00

B. Dr. Bradford S. Legge

Full Name (Last, First, Middle Initial)
Mailing Address 13711 Blooming Orchard Dr.

City Fishers	State IN	Zip Code 46038-4263
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2014

Transaction ID : 21637598

Amount of Each Receipt this Period

250.00

C. Dr. Andrew J. Schneider

Full Name (Last, First, Middle Initial)
Mailing Address 4326 Sarong Dr.

City Houston	State TX	Zip Code 77096-4425
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2014

Transaction ID : 21637605

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 38 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. John F. Grady		Date of Receipt 03 / 26 / 2014 Transaction ID : 21641656
Mailing Address 7605 Ridgewood Ln.		Amount of Each Receipt this Period 5000.00
City Burr Ridge	State IL	
Zip Code 60527-8024		
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Dr. Craig H. Thomajan		Date of Receipt 03 / 28 / 2014 Transaction ID : 21643158
Mailing Address Austin Foot & Ankle Specialists 5000 Bee Cave Rd. #202		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Wendy Sue Winkelbach		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643167
Mailing Address 3788 Highland Park Dr.		Amount of Each Receipt this Period 250.00
City Greenwood	State IN	
Zip Code 46143-8231		
FEC ID number of contributing federal political committee. C		
Name of Employer Southside Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	5350.00
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 39 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Devang C. Patel		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 21643199
Mailing Address 761 Main Ave.		Amount of Each Receipt this Period 1000.00
City Norwalk	State CT	Zip Code 06851-1080
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Gerard Guglielmo		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 21643200
Mailing Address 35 Maryanne Dr.		Amount of Each Receipt this Period 300.00
City Monroe	State CT	Zip Code 06468-3209
FEC ID number of contributing federal political committee. C		
Name of Employer New Milford Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Betty M. Carreira		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 21643203
Mailing Address 21A Purcell Dr.		Amount of Each Receipt this Period 300.00
City Danbury	State CT	Zip Code 06810-7024
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).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
	<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

Full Name (Last, First, Middle Initial) A. Dr. Robert D. Rutstein		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643205
Mailing Address 597 Farmington Ave.		Amount of Each Receipt this Period 300.00
City Hartford	State CT	Zip Code 06105-3057
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Sanjay V. Patel		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643206
Mailing Address Family Foot Care & Surgery, LLC 309 Seaside Ave. #202		Amount of Each Receipt this Period 1000.00
City Milford	State CT	Zip Code 06460-4632
FEC ID number of contributing federal political committee. C		
Name of Employer Family Foot Care & Surgery, LLC	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Eric M. Kosofsky		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643207
Mailing Address 86 Knollwood Ln.		Amount of Each Receipt this Period 350.00
City Avon	State CT	Zip Code 06001-2701
FEC ID number of contributing federal political committee. C		
Name of Employer Hartford Podiatry Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 41 OF 50
	<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. Peter A. Blume
Full Name (Last, First, Middle Initial)

Mailing Address 22 Timber Ln.

City Woodbridge State CT Zip Code 06525-1835

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

Name of Employer Blume Pod. Group/Aff. Foot Surgeons Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 21643208

Amount of Each Receipt this Period 500.00

B. Dr. Gordon E. Fosdick
Full Name (Last, First, Middle Initial)

Mailing Address 307 Cherry Hill Rd.

City Middlefield State CT Zip Code 06455-1238

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 03 / 27 / 2014
Transaction ID : 21643209

Amount of Each Receipt this Period 250.00

C. Dr. James H. Blume
Full Name (Last, First, Middle Initial)

Mailing Address 508 Blake St.

City New Haven State CT Zip Code 06515-1287

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 03 / 28 / 2014
Transaction ID : 21645474

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50
	<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. Steven E. Damon
Full Name (Last, First, Middle Initial)

Mailing Address 399 N. Main St.

City Suffield State CT Zip Code 06078-1839

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
03 / 28 / 2014
Transaction ID : 21645492

Amount of Each Receipt this Period
300.00

B. Dr. Paul Andrew Frumento
Full Name (Last, First, Middle Initial)

Mailing Address 2 Forest Ln.

City Hockessin State DE Zip Code 19707-9134

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
03 / 31 / 2014
Transaction ID : 21645512

Amount of Each Receipt this Period
300.00

C. Dr. Gary J. Hoberman
Full Name (Last, First, Middle Initial)

Mailing Address 4201 Davis St.

City Skokie State IL Zip Code 60076-1601

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
03 / 31 / 2014
Transaction ID : 21645843

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 43 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Robert D. Phelps
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 W. Main St.
 City Whitehouse State TX Zip Code 75791-3449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Clinics of E. TX Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 21645844
 Amount of Each Receipt this Period
 500.00

B. Dr. James H. Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highlander Dr.
 City North Hampton State NH Zip Code 03862-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 21645848
 Amount of Each Receipt this Period
 300.00

C. Dr. Katherine Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address Bailey & Associates
 1307 Washington St. #100
 City Oregon State IL Zip Code 61061-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bailey & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 21645850
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Matthew J. Thompson		Date of Receipt 03 / 31 / 2014 Transaction ID : 21645851
Mailing Address 4935 White Oak Dr.		Amount of Each Receipt this Period 300.00
City Lumberton	State NC	Zip Code 28358-2187
FEC ID number of contributing federal political committee. C	Name of Employer Cape Fear Podiatry Associates	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel Evan Laut		Date of Receipt 03 / 31 / 2014 Transaction ID : 21645852
Mailing Address Cape Fear Podiatry Associates 1738 Metromedical Dr.		Amount of Each Receipt this Period 300.00
City Fayetteville	State NC	Zip Code 28304-3861
FEC ID number of contributing federal political committee. C	Name of Employer Cape Fear Podiatry Associates	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Terrill F. Brown III		Date of Receipt 03 / 31 / 2014 Transaction ID : 21645853
Mailing Address 20 Chicora Club Dr.		Amount of Each Receipt this Period 300.00
City Dunn	State NC	Zip Code 28334-5667
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).....▶	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 45 OF 50
	<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. Mark T. Eaton
Full Name (Last, First, Middle Initial)

Mailing Address 6737 Stone Mountain Farm Rd.

City Fayetteville	State NC	Zip Code 28311-1193
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cape Fear Podiatry Associates	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21645854

Amount of Each Receipt this Period

300.00

B. Dr. Eugene R. Kubitz
Full Name (Last, First, Middle Initial)

Mailing Address 3918 Deerpath Dr.

City Sandusky	State OH	Zip Code 44870-6084
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21671039

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

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SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	57574.00

**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. Enzi For Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement

011

Candidate Name

Sen. Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	4

Transaction ID : 21624666

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	4

Transaction ID : 21624778

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	4

Transaction ID : 21624788

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)..... ▶

6	0	0	0	0	0	0	0	0	0

6	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. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

Transaction ID : 21624800

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement

Candidate Name

Rep. Dan Benishek

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

Transaction ID : 21624821

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Rep. Janice D. Schakowsky

Office Sought: House Senate President
State: IL District: 09

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

Transaction ID : 21624894

Amount of Each Disbursement this Period

1,500.00

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

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

7,500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	4

Transaction ID : 21624895

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
.
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Progressive Choices PAC

Mailing Address PO Box 58

City State Zip Code
Evanston IL 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	4

Transaction ID : 21624896

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
.
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Victory NOW

Mailing Address 10605 Concord Street
Suite 202

City State Zip Code
Kensington MD 20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Victory NOW

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : 21625571

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
.
0	0	0	0	0	0	0	0	0	0

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

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

9	0	0	0	0	0	0	0	0	0
.
0	0	0	0	0	0	0	0	0	0

9	0	0	0	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. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2014

Transaction ID : 21625572

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mcnerney For Congress

Mailing Address 6250 Village Parkway
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jerry McNerney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : 21635645

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Swalwell For Congress

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric Swalwell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : 21635648

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Void - Check lost in the mail

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 21642924

Amount of Each Disbursement this Period

-1000.00

Void - Check lost in the mail

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Replacement for 2/3/14 check lost in mail

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 21642925

Amount of Each Disbursement this Period

1000.00

Replacement for 2/3/14 check lost in mail

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

0.00

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

29500.00
