FEC AN	PORT OF R	SEMENTS		
For C	Other Than An Autho	rized Committee	Office U	Use Only
1. NAME OF TYPE COMMITTEE (in full)	OR PRINT V	Example: If typing, typ over the lines.	De 12FE4M5	
American Podiatric Medica	I Association Politi	cal Action Commit		
ADDRESS (number and street)	12 Old Georgetown Road			
Check if different				
then providually	ethesda		MD 2081	14-1698
2. FEC IDENTIFICATION NUMBE	R▼ CITY	▲	STATE 🔺	ZIP CODE
С сооооввзэ	3. IS T REF	PORT (N)	OR × AMENDED)
4. TYPE OF REPORT (b) (Choose One) (a) Quarterly Reports: (b)) Monthly Report Due On: X Apr 20) (M3) Jun 20	(M6) Sep 20 (M9)	Vear Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report (Q3) January 31	Election	M M / D 1		in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	on / D · I		in the State of
5. Covering Period 03	01 / Y Y Y Y Y 01 2014			014
I certify that I have examined this Re	-	y knowledge and belief i	it is true, correct and comple	ete.
Type or Print Name of Treasurer Dr	. Randy Kaplan DPM			
Signature of Treasurer Dr. Randy K	Kaplan DPM	[Electronically Filed]	Date 05 / 1	
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject the person sig	ning this Report to the penal	ties of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

05/16/2014 14 : 52

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Podiatric Medical Association Political Action Committee

R	Report Covering the Period: From:	13 / D D / Y Y Y Y 13 01 2014 To	b: 03 / D D / Y Y Y Y 03 31 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		494355.15
	(b) Cash on Hand at Beginning of Reporting Period	569501.65	
	(c) Total Receipts (from Line 19)	75061.50	205708.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	644563.15	700063.15
7.	Total Disbursements (from Line 31)	29500.00	85000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	615063.15	615063.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

		TAILED SUMMARY PAGE of Receipts	٦ م
	FEC Form 3X (Rev. 06/2004)		Page 3
	/rite or Type Committee Name		
F	merican Podiatric Medical Associat	ion Political Action Committee	
R	eport Covering the Period: From: 03	/ D D / Y Y Y Y 01 2014 To	b: 03 / D / Y Y Y Y 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
	(b) Political Party Committees(c) Other Political Committees	7 7 000	7 7
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	75004 50	205708.00
10	Totals to Line 33, page 5)▶	75061.50	203708.00
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.)	0.00	0.00
16	(Carry Totals to Line 37, page 5)		0.00
10.	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
			7 7 7 0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(2) (2)		
	(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	75004 50	205700.00
	(subtract Line 18(c) from Line 19)►	75061.50	205708.00

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal 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))► Transfers to Affiliated/Other Party	0.00	0.0
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	29500.00	85000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(Use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	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
Other Disbursements	0.00	0.00
	A A A	
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))► 	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29500.00	85000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	29500.00	85000.00
	7 7	7 7

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DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	75061.50	205708.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75061.50	205708.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page		×	11a 13		11b 14	-	11c 15			17		
	information copied from such Reports and St or commercial purposes, other than using the														
	IAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action Com	mitte	ee										
A .	ull Name (Last, First, Middle Initial) Dr. Gerald W. Torgesen failing Address 896 Shirley Ln.				Date of Receipt										
C	Soulder City	State NV	Zip Code 89005-3629		03 04 2014 Transaction ID : 21598121 Amount of Each Receipt this Period										
F	EC ID number of contributing ederal political committee.	C				Amoun	t of	Each	n Re	eceipt th		fiod 500.0	00		
F	lame of Employer	Occupation Podiatric Pl													
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00												
B	Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Mailing Address 131 Anne Way						f Re	eceipt	D	/ Y	Y	Y	Ŷ		
	City Los Gatos	State CA				ion ID		162452 eceipt th							
	EC ID number of contributing ederal political committee.	ě l									Ę	500.0	00		
С	lame of Employer supertino Podiatry														
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00												
	ull Name (Last, First, Middle Initial) Dr. Ronald D. Jensen					Date of	f Re	eceipt							
_	Aailing Address Sutter Gould Medical Foundati 600 Coffee Rd.					м м 03	/		D 05	/ Y	۲ 2014		Y		
	Sity Modesto	State CA	Zip Code 95355-4201		A					2162474 ceipt th		riod			
	EC ID number of contributing ederal political committee.	С						7		9	1	000.	00		
	lame of Employer	Occupation													
	Sutter Gould Medical Foundation	Podiatric Pl			-										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00)											
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PAGE 7 OF

TEMIZED RECEIPTS	Detailed Summary Page											
Any information copied from such Reports and or for commercial purposes, other than using th												
NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation Political Action Commi	ttee										
Full Name (Last, First, Middle Initial) A. Dr. William H. Dabdoub		Date of Receipt Date of Receipt										
Mailing Address 100 Ayshire Ct.												
City Slidell	State Zip Code LA 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]										
Full Name (Last, First, Middle Initial) B. Dr. Michael A. Stein		Date of Receipt										
Mailing Address 3612 Vista Charonoaks		03 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City Walnut Creek	StateZip CodeCA94598-4050	Transaction ID : 21624831 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	300.00										
Name of Employer Self-Employed	Occupation Podiatric Physician											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]										
Full Name (Last, First, Middle Initial) C. Dr. Debra Dale Weinstock	1	Date of Receipt										
Mailing Address 35 Fairway Ct.		M M / D D / Y Y Y Y 03 06 2014										
City Roslyn	StateZip CodeNY11576-1009	Transaction ID : 21624832 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	300.00										
Name of Employer	Occupation	—										
Self-Employed	Podiatric Physician											
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	1										
SUBTOTAL of Receipts This Page (optional)		750.00										

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PAGE 8 OF

			Detailed Summary Page		11a	-	11b	,	11c	12		17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpose		soliciting	g contr	ributio	ons		
	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass						JULIU		Such					
A.	Full Name (Last, First, Middle Initial) Dr. Joshua D. Johnson		Date of Receipt											
	Mailing Address 5609 Sycamore Dr.				M M / D / Y									
	City Yakima	State WA	Zip Code 98901-1608						2162490 eceipt th		iod			
	FEC ID number of contributing federal political committee.	С					3	_		:	300.0	00		
	Name of Employer Cascade Foot & Ankle	Occupation Podiatric Pr												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]										
в.	Full Name (Last, First, Middle Initial) Dr. Stuart Boyd Cardon				Date o	of Re	eceip	ot						
	Mailing Address Cascade Foot & Ankle 3919 Creekside Loop				M 03	/	D	06	/ Y	y 2014	Y 1			
	City Yakima	State WA	Zip Code 98902-4877						2162490 eceipt th		iod			
	FEC ID number of contributing federal political committee.	С		300.00										
	Name of Employer Cascade Foot & Ankle	Occupation Podiatric Ph												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]										
с.	Full Name (Last, First, Middle Initial) Dr. Kenneth E. Jacoby				Date d	of Re	eceip	ot						
	Mailing Address 4 N. 916 Middlecreek Ln.				м 03	л /	D	06	/ Y	2014		ſ		
	City Saint Charles	State IL	Zip Code 60175						2162490 eceipt th		riod			
	FEC ID number of contributing federal political committee.	С					,	_			300.0	00		
	Name of Employer	Occupation												
	Elgin Foot & Ankle Center Receipt For:	Podiatric Ph												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1										
s	UBTOTAL of Receipts This Page (optional)			•			7			ç	900.0	0		
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		Detailed Summary Page		13		14		15		16	17			
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NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation	Political Action Commit	ttee											
Full Name (Last, First, Middle Initial) A. Dr. Gary M. Kazmer				Date of	f Re	eceip	t							
Mailing Address 2015 Blyth Ct.			03 / 06 / Y Y Y Y Y 03 06 2014											
City	State	Zip Code	Transaction ID : 21624907											
Inverness	IL	60010-5630	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		300.00											
Name of Employer	Occupation													
Family Foot Center Receipt For:	Podiatric Pl	•	_											
Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		300.00												
Full Name (Last, First, Middle Initial) B. Dr. Laura J. Pickard														
Mailing Address Norridge Foot Clinic				M M	/		D	/ Y	Y	Y	Y			
7325 W. Irving Park Rd. City	State	Zip Code	- 1	03			06 D : 24	100400	20	14				
Chicago	IL	60634-3547		Amount				162490 ceipt th		eriod				
FEC ID number of contributing federal political committee.	С				7		,		1000.	00				
Name of Employer Norridge Foot Clinic	Occupation Podiatric Pl													
Receipt For:		Year-to-Date ▼	-											
Primary General Other (specify) ▼		1000.00												
Full Name (Last, First, Middle Initial) C. Dr. Gary S. Wallach	L			Date of	f Re	eceip	t							
Mailing Address Coral Ridge Podiatry 2737 E. Oakland Park Blvd.				м м 03	/		06	/ Y	ү 20	ү 14	Y			
City Fort Lauderdale	State FL	Zip Code 33306-1641		Trans Amount				162490		oriod				
FEC ID number of contributing federal political committee.	C			Anoun		1				150.	00			
Name of Employer	Occupation	1	_											
Self-Employed	Podiatric P	hysician												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		300.00												
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PAGE 10 OF

ITEMIZED RECEIPTS	Detailed Summary Page	
or for commercial purposes, other than using th	Statements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation Political Action Cor	nmittee
Full Name (Last, First, Middle Initial) A. Dr. Steven M. Spinner		Date of Receipt
Mailing Address 1031 Coralina Ln.		03 / D D / Y Y Y Y Y 03 06 2014
City Delray Beach	State Zip Code FL 33483-6792	Transaction ID : 21624910
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
Full Name (Last, First, Middle Initial) B. Dr. M. Diane Collier		Date of Receipt
Mailing Address 800 N. Iroquois Ave.		03 06 2014
City Dothan	StateZip CodeAL36303-3224	Transaction ID : 21625185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alabama South Family Podiatry	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0)0
Full Name (Last, First, Middle Initial) C. Dr. G. Gregg Neibauer	I	Date of Receipt
Mailing Address 1845 Bancroft St.		M = M / D = D / Y = Y = Y = Y Y O3 O8 2014 O3
City Missoula	StateZip CodeMT59801-5747	Transaction ID : 21625480 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Alpine Foot & Ankle Clinic	Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.0	00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		1300.00

FOR LINE NUMBER:

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	ED RECEIPTS		for each category Detailed Summar		×	11a 13		11b	11c 15	12 16	17
or for con	nation copied from such Reports and St nmercial purposes, other than using the										
\ \	OF COMMITTEE (In Full) rican Podiatric Medical Ass	ociation I	Political Actior	n Committe	ee						
A. Dr. L	ame (Last, First, Middle Initial) awrence A. Santi				D	ate of	Rec	eipt			
Mailing	Address 31 Mayflower Ave.	State	Zip Code			м м 03	/	09	/ Y	2014	Y
	on Park	NY	11596-1517						2162548 aceipt th	is Perio	d
	D number of contributing political committee.	С							,		0.00
	of Employer nployed	Occupation Podiatric Pr									
Receip		Aggregate	Year-to-Date ▼		1						
	Primary General Other (specify) v		л л <u>л</u>								
	ame (Last, First, Middle Initial) ames Q. McClelland				D	ate of	Rec	eipt			
Mailing	Address 2002 12th Ave. N.W. #F						/	D D 07	/ Y	у у 2014	Y
City Ardmo	re	State OK	Zip Code 73401-1206						2162550 eceipt th	3 nis Perio	d
	D number of contributing political committee.	С				,	,	50	0.00		
	of Employer nployed	Occupation Podiatric Ph									
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00							
	ame (Last, First, Middle Initial) Sylvia Virbulis				D	ate of	Rec	eipt			
	Address Piedmont Foot & Ankle Care 316 S. Church St.					м м 03	/	D D 10	/ Y	2014	Y
City Salisb	ury	State NC	Zip Code 28144-4930						2162568 eceipt th	85 nis Perior	d
	D number of contributing political committee.	С									0.00
Name	of Employer	Occupation									
	ont Foot & Ankle Care	Podiatric Ph	nysician								
Receip	rimary General	Aggregate	Year-to-Date ▼								
	Dther (specify) ▼		<i>y</i>	500.00							
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			Detailed Summary Page		11a		11b		11c		12				
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	information copied from such Reports and S or commercial purposes, other than using the														
\	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation I	Political Action Commit	ttee											
	Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis				Date of	Re	ceip	ot							
ľ	Mailing Address 2611 Circle Dr.			03 11 2014 Transaction ID : 21626168											
	Dity	State	Zip Code		Trans	acti	ion I	D : 2	162616	8					
-	Newport Beach	CA	92663-5616	Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С					3		7	_	1000.	00			
	Name of Employer	Occupation													
_	Self-Employed	Podiatric Ph	nysician	_											
ł	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		1000.00												
	Full Name (Last, First, Middle Initial) Dr. Timothy John Siegfried				Date of	Re	ceip	ot							
-	Aailing Address 10107 E. 94th St. N.			03 / D = D / Y = Y = Y = Y 03 10 _ 2014											
Ō	Dity	State	Zip Code			acti			162621						
_	Owasso	OK	74055-6838	/	Amount	t of	Eac	h Ree	ceipt th	is P	eriod				
	EC ID number of contributing ederal political committee.	С		300.0								00			
	Name of Employer Self-Employed	Occupation Podiatric Ph													
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
	Full Name (Last, First, Middle Initial) Dr. Martin V. Sloan				Date of	Re	ceip	ot							
ſ	Aailing Address 2409 Whispering Oaks Ct.				м – м 03	/		10	/ Y	ү 20	Y 14	Y			
	Dity Abilene	State TX	Zip Code 79606-4366		Trans Amount				162621		oriod				
	FEC ID number of contributing ederal political committee.	С			Anoun		1 1		Jeipt ti		250.	00			
1	Name of Employer	Occupation		_											
;	Self-Employed	Podiatric Pl	nysician												
Ē	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		250.00												
รเ	BTOTAL of Receipts This Page (optional)						7		7		1550.	00			
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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IT F			Use separate schedule(s)	(che	eck only	y one)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c		12 16	17
Any	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	l ay not be sold or used by any pe ddress of any political committee	erson f	for the	purpose o	f soliciting	g con	tributio	ons
<u> </u>	NAME OF COMMITTEE (In Full)									
	American Podiatric Medical As	sociation	Political Action Commit	ttee						
Α.	Full Name (Last, First, Middle Initial) Mr. Peter Stein				Date of	Receipt				
	Mailing Address 1164 Silver Beech Road				м м 03	/ D 10	D / Y		ү 14	Y
	City	State	Zip Code			action ID				
	Herndon	VA	20170-2328		Amount	of Each	Receipt tl	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С							500.0	00
Ī	Name of Employer	Occupation	 	-						
,	American Podiatric Medical Association	Director of	Legislative Advocacy							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
B.	Full Name (Last, First, Middle Initial) Dr. Gregory W. Bryan	I			Date of	Receipt				
	Mailing Address Ark LA Tex Foot Specialists, 385 Bert Kouns #200	LLC			м м 03	/ 12	D / Y	201	Y Y	Y
	City	State	Zip Code			action ID				
	Shreveport	LA	71106-8158		Amount	of Each	Receipt tl	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С							100.0	00
	Name of Employer	Occupation								
	Ark LA TexFoot Specialists, LLC	Podiatric Ph	nysician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		300.00							
	Full Name (Last, First, Middle Initial) Dr. Gad N. Flaumenhaft	I			Date of	Receipt				
	Mailing Address 1825 Box Elder Ct.				м м 03	/ D		201	ү 14	Ŷ
	City	State	Zip Code		Trans	action ID	: 216268	91		
-	Indianapolis	IN	46260-1507	/	Amount	of Each	Receipt tl	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С				,			300.0	00
Ī	Name of Employer	Occupation								
	Self-Employed	Podiatric P	nysician							
		Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		300.00							
รเ	JBTOTAL of Receipts This Page (optional)		•	-		3			900.0	0

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	y information copied from such Reports and Sta for commercial purposes, other than using the				for	the p		oose o	f soliciti		ontribut	tions	_
	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso												
A.	Full Name (Last, First, Middle Initial) Dr. David G. Edwards Mailing Address 1651 Saddle Hill Dr.					ate of	Re	ceipt			YY	Y	
	-	01-1-1	7. 0.1.		L	03	/	13	3	2	2014	Ť	
	City Logan	State UT	Zip Code 84321-4828						: 216268 Receipt		Period		
	FEC ID number of contributing federal political committee.	С						7		_	1000	.00	
	Name of Employer Self-Employed	Occupation Podiatric Ph											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
B.	Full Name (Last, First, Middle Initial)				Da	ate of	Re	ceipt					
	Mailing Address 2605 S. Marlan Ave.				IV	03	/	D 13		2	2014	Y	
	City Springfield	State MO	Zip Code 65804-3808						: 21626 9 Receipt		Period		
	FEC ID number of contributing federal political committee.	С						7		_	1000	.00	
;	Name of Employer Self-Employed	Occupation Podiatric Ph											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
	Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward				Da	ate of	Re	ceipt					
	Mailing Address 2321 Timberlane Dr.					03	/	D 13			2014	Y	
	City Florence	State SC	Zip Code 29506-8338						: 21626 Receipt		Period		
	FEC ID number of contributing federal political committee.	С						,			500	.00	
į	Name of Employer	Occupation	1										
	Carolina Health Care Receipt For:	Podiatric Pl											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
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		Detailed Summary	Page		11a 13		11b 14	11c	12	1	17	
	y information copied from such Reports and St for commercial purposes, other than using the					or the			soliciting	g contrib	utions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation I	Political Action	Commit	tee							
A.	Full Name (Last, First, Middle Initial) Dr. Stephen C. Wan Mailing Address 3221 Blume Dr.					Date of						
						м м 03	Ĺ	12	5 / Y	2014	Y	
	City Rossmoor	State CA	Zip Code 90720-4812						2162702 Receipt th		4	
	FEC ID number of contributing federal political committee.	С						,	1000ipt 11		0.00]
	Name of Employer	Occupation										
	Self Employed Receipt For:	Podiatric Pr			_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Grace D. Pascual					Date of	Re	ceipt				
	Mailing Address 86274 Alamihi St.					м м 03	/	12		2014	Y	
	City	State	Zip Code			Trans	acti	on ID :	2162702			
	Waianae	HI	96792-2911		/	Amount	t of	Each F	Receipt th	nis Perio	b	
	FEC ID number of contributing federal political committee.	С						,	7	30	0.00	
	Name of Employer Self-Employed	Occupation Podiatric Ph										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00								
c.	Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan					Date of	Re	ceipt				
	Mailing Address 6578 Post Oak Dr.					м м 03	/	12		2014	Y	
	City West Bloomfield	State MI	Zip Code 48322-3830						2162702 Receipt th		d	
	FEC ID number of contributing federal political committee.	С						,			5.00	
	Name of Employer	Occupation	1		_							
	Self-Employed	Podiatric Pl	nysician									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		л · · л · ·	505.00								
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	for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big)$	American Podiatric Medical Asso	ociation I	Political Action Commit	ttee							
Α.	Full Name (Last, First, Middle Initial) Dr. Donald R. Blum				Date of	f Re	eceipt				
	Mailing Address 6416 Wickerwood Dr.				м м 03	/	12		Y 20	14	Y
	City	State	Zip Code			act		2162702			
	Dallas	TX	75248-2901	/	Amount	t of	Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7			300.	00
	Name of Employer	Occupation									
	S.W. Podiatry Associates	Podiatric Ph	nysician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		300.00								
в.	Full Name (Last, First, Middle Initial) Dr. Zahid A. Ladha				Date of	f Re	eceipt				
	Mailing Address 3544 Marquis Ct.				м м 03	/	D 14		201	Y 14	Y
	City	State	Zip Code			acti		2162720		14	
	Floyds Knobs	IN	47119-9766					Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	00
	Name of Employer	Occupation									
	Self-Employed	Podiatric Ph	nysician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	_	500.00	11							
	Other (specify)		,	4							
c.	Full Name (Last, First, Middle Initial) Dr. Kevan R. Kreitman				Date of	f Re	eceipt				
	Mailing Address 1409 Pierce St.				м м 03	/	, D 12		y 201	Y 14	Y
	City	State	Zip Code		Trans	act	ion ID	: 2162829) 5		
	Birmingham	MI	48009-1773	/	Amount	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					л. I			1000.	00
	Name of Employer	Occupation		_							
	Shores Podiatry Associates	Podiatric Ph	nysician								
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	Primary General		1000.00	11							
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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the							soliciting			ons
$\left\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action Commit	ttee							
A.	Full Name (Last, First, Middle Initial) Dr. Gerald D. Peterson Mailing Address 6627 Apollo Rd.				Date of	_			v	V -	Y
	City	State	Zip Code		03		12		20	14	Ŷ
	West Linn	OR	97068-2807					2162829 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7	7	ŕ	1000.	00
	Name of Employer Family Foot Clinic	Occupation Podiatric Pl									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]							
В.	Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan				Date of	f Re	eceipt				
	Mailing Address 6578 Post Oak Dr.				м м 03	/	D 12		201	4	Y
	City West Bloomfield	State MI	Zip Code 48322-3830					2162829 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7			500.0	00
	Name of Employer Self-Employed	Occupation Podiatric Ph									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1005.00								
С.	Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes				Date of	f Re	eceipt				
	Mailing Address 351 Crest Rd.				м м 03	/	, 13		201		Y
	City Southington	State CT	Zip Code 06489-2868					2162845 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7			1000.	00
	Name of Employer	Occupation									
	Self Receipt For:	Podiatric Pl		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	f soliciting		ntribut	ions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation I	Political Action Commit	tee							
A .	Full Name (Last, First, Middle Initial) Dr. Thomas Charles Melillo Mailing Address 22862 S.W. Saunders Dr.				Date of				V	Y	v
	City	State	Zip Code	_	03		15		20)14	
	Sherwood	OR	97140-8236	_				Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	500	00
	Name of Employer Westside Podiatry Clinic	Occupation Podiatric Ph									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
В.	Full Name (Last, First, Middle Initial) Dr. Kari E. Prescott				Date of	f Re	eceipt				
	Mailing Address 104 E. Rustic Lodge				M M 03		15		20	ү 14	Y
	City Minneapolis	State MN	Zip Code 55419-5618					2162876 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7			300.	00
	Name of Employer Self-Employed	Occupation Podiatric Ph									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
	Mailing Address 3441 Churchill Dr.				м м 03	/	D 15			Y 14	Y
	City Woodbury	State MN	Zip Code 55125-2752					: 2162877 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					1			250	.00
	Name of Employer	Occupation		_							
	Roseville Podiatry Clinic Receipt For:	Podiatric Pl	•	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	•		l	7			1050.	00
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			Detailed Summary Page		11a	\vdash	11 14		11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		rpos	se of	soliciting	g contr	ributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso											
A.	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub				Date of	of Re	ecei	ipt				
	Mailing Address 100 Ayshire Ct.				[™] 03	/	/	15	/ Y	201		Y
	City Slidell	State LA	Zip Code 70461-5034						2162877 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7		7	ę	550.0	00
	Name of Employer Self-Employed Receipt For:	Occupation Podiatric Pt	nysician									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
в.	Full Name (Last, First, Middle Initial) Dr. Eric R. Hubbard				Date o	of Re	ecei	ipt				
	Mailing Address 4210 N. Virgina Rd.				[™] 03	Л /		15	/ Y	2014	Y 1	ſ
	City Long Beach	State CA	Zip Code 90807-2631						2 162877 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					7		7	10	0.00	0
	Name of Employer Long Beach Memorial Medical Center	Occupation Podiatric Ph										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
c.	Full Name (Last, First, Middle Initial) Mrs. Candace Daly				Date o	of Re	ecei	ipt				
	Mailing Address 1296 W. 475 S.				[™] 03	/	/	15	/ Y	۲ 2014		Y
	City Farmington	State UT	Zip Code 84025-4715						2162877 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7		7		300.0	00
	Name of Employer	Occupation										
	Utah Podiatric Medical Association	Executive D	Director	_								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00									
s	UBTOTAL of Receipts This Page (optional)						7			18	350.0	0
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any pe g the name and address of any political committee	
American Podiatric Medical	Association Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Robert A. Russo Mailing Address 106 Peck Rd. City Hilton FEC ID number of contributing	State Zip Code NY 14468-9354	Date of Receipt
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Richard S. Eisner Mailing Address 27 Horton St. City Salem	State Zip Code MA 01970-2847	Date of Receipt 03 / 15 / 2014 Transaction ID : 21628779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	500.00
C. Full Name (Last, First, Middle Initial) Dr. David B. Alper Mailing Address 3 Oak Ave. City Belmont FEC ID number of contributing federal political committee.	State Zip Code MA 02478-2751	Date of Receipt 03 15 2014 Transaction ID : 21628781 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	al) 🕨	1050.00
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			Detailed Summary Page	e		11a 13	-	11b 14	11c	12		17
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose o	of solicitin	g contrib	utions	
	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass								nom suc			
A.	Full Name (Last, First, Middle Initial) Dr. Christopher T. Sloan					Date o	f Re	eceipt				
	Mailing Address 5343 Driftwood Dr.					м м 03	/	D 15	D / Y	2014	Y	
	City Imperial	State MO	Zip Code 63052-4309						: 216287 8 Receipt tl		d	
	FEC ID number of contributing federal political committee.	С						7			0.00	
	Name of Employer Self-Employed	Occupation Podiatric Pr										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.0	00								
в.	Full Name (Last, First, Middle Initial) Dr. Bruce Gary Blank					Date o	f Re	eceipt				
	Mailing Address 63728 Patch St.					м м 03	/	D 15		2014	Y	
	City Stewartsville	State OH	Zip Code 43933-9631						<u>: 2162878</u> Receipt tl		d	
	FEC ID number of contributing federal political committee.	С						7		30	0.00	
	Name of Employer Achilles Foot & Ankle Surgery	Occupation Podiatric Ph										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.0	00								
c.	Full Name (Last, First, Middle Initial) Dr. Christopher S. Grandfield					Date o	f Re	eceipt				
	Mailing Address 921E 650N					м м 03	/	D 15		2014	Y	
	City Laporte	State IN	Zip Code 46350-8976						: 216287 Receipt tl		d	
	FEC ID number of contributing federal political committee.	С						,		100	0.00	
	Name of Employer	Occupation										
	Self-Employed Receipt For:	Podiatric Pl			_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.0	00								
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	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	rts and Statements may not be sold or used by any pusing the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medic	cal Association Political Action Comm	ittee
Full Name (Last, First, Middle Initial) A. Dr. Patricia Nicholas		Date of Receipt
Mailing Address 15 Arborvitae Ln.		M = M / D = D / Y = Y = Y = Y 03 15 2014
City Miller Place	StateZip CodeNY11764-3020	Transaction ID : 21628785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. Dr. Vanessa M. Darmochwal		Date of Receipt
Mailing Address 15 Hasbrouck Ave.		03 15 2014
City Highland	State Zip Code NY 12528-1728	Transaction ID : 21628788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Mr. Matt Solak		Date of Receipt
Mailing Address 101 W. Ohio Street Suite 780		M M / D D / Y Y Y Y 03 15 2014
City Indianapolis	StateZip CodeIN46204-1995	Transaction ID : 21628789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Kindsvatter & Associates	Deputy Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (op	tional)	▶ 900.00
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Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
American Podiatric Medical As	sociation Political A	ction Commi	ttee
Full Name (Last, First, Middle Initial) Dr. Scott L. Shindler Mailing Address 508 James Pl.			Date of Receipt
City	State Zip Code	9	03 15 2014 Transaction ID : 21628791
Yankton	SD 57078-1		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Shindler Foot Clinic	Occupation Podiatric Physician		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	▼ 300.00]
Full Name (Last, First, Middle Initial) B. Mr. Derek Dalling			Date of Receipt
Mailing Address 1000 W. St. Joseph HWY. S			03 15 / Y Y Y Y 2014
City Lansing	State Zip Code MI 48915-25		Transaction ID : 21628792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Kindsvatter and Associates	Occupation Executive Director-AAPPI	M	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 1000.00]
Full Name (Last, First, Middle Initial) C. Dr. Leslie Campbell			Date of Receipt
Mailing Address 5105 Sanibel Ct.			03 15 2014
City Plano	StateZip CodeTX75093-25		Transaction ID : 21628794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		—
Presbyterian Hospital of Allen	Podiatric Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	1
SUBTOTAL of Receipts This Page (optional)			2300.00

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	y information copied from such Reports and for commercial purposes, other than using t										
	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Podiatric Medical As	ssociation	Political Action Commi	ttee							
Α.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pinker				Date of	Re	eceipt				
	Mailing Address Pinker & Associates				M M	/	D D	/ Y		Y	Y
	47 Brookwood Ave.	State	Zip Code	-	03 T rana		15 ion ID : 2	462970		014	
	Carlisle	PA	17015-9126				Each Re			Period	
	FEC ID number of contributing federal political committee.	С					,			300.	00
	Name of Employer	Occupation									
	Pinker & Associates Receipt For:	Podiatric Pl									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		300.00								
— В.	Full Name (Last, First, Middle Initial) Dr. Jerauld D. Ferritto Jr.				Date of	Re	eceipt				
	Mailing Address 2396 Club Rd.				M M 03	1 ′	15	/ Y	ч 20)14	Y
	City	State	Zip Code	- '		acti	ion ID : 2	162879		/14	
	Upper Arlington	OH	43221-4005				Each Re			eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	500.	00
	Name of Employer Self-Employed	Occupation Podiatric Ph									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
с.	Full Name (Last, First, Middle Initial) Dr. Kirk Geter				Date of	Re	eceipt				
	Mailing Address 11121 Lake Victoria Ln.				м м 03	/	15	/ Y)14	Y
	City Bowie	State MD	Zip Code 20720-4259				ion ID : 2 Each Re			eriod	
	FEC ID number of contributing federal political committee.	С					7		_	1000.	00
	Name of Employer	Occupation	1	_							
	Howard University College of Medicine	Podiatric P	nysician								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		1000.00]							
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			Detailed Summary Page		11a 13	\mid	11b 14	11c	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting		utions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation	Political Action Commit	ttee									
Α.	Full Name (Last, First, Middle Initial) Dr. Troy David Zimbelman Mailing Address 121 E. Poplar St.				Date of Receipt								
	City Prattville	State AL	Zip Code 36066-3638					2162880 Receipt th		d			
	FEC ID number of contributing federal political committee.	С					7		50	0.00			
	Name of Employer Self-Employed Receipt For:	Occupation Podiatric P	hysician										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]									
в.	Full Name (Last, First, Middle Initial) Dr. Paul Kinberg Mailing Address 6023 Gentle Knoll Ln.				Date of		ceipt) / Y	YY	Y			
	City Dallas	State TX	Zip Code 75248-2122					2162880 Receipt th					
	FEC ID number of contributing federal political committee.	С					,		100	0.00			
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]									
C.	Full Name (Last, First, Middle Initial) Dr. S. F. Charley Hartley				Date of	f Ree	ceipt						
	Mailing Address 2201 Juanita Ln.	State	Zip Code		03		15	_ L	2014	Y			
	Deer Park	TX	77536-4214					2162880 Receipt th		d			
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	Name of Employer	Occupation											
	Self-Employed Receipt For: Primary Other (specify) ▼	Podiatric P Aggregate	Year-to-Date ▼ 300.00]									
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	y information copied from such Reports and S for commercial purposes, other than using the							soliciting		utions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation	Political Action Commi	ttee									
Α.	Full Name (Last, First, Middle Initial) Dr. Kerry Jay Sweet Mailing Address 4501 68th Ave. W.				Date of Receipt								
	City University Place	State WA	Zip Code 98466-4919				15 on ID :	2162880 Receipt th		d			
	FEC ID number of contributing federal political committee.	С					7		30	0.00			
	Name of Employer Self-Employed Receipt For:	Occupation Podiatric P	hysician										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]									
в.	Full Name (Last, First, Middle Initial) Dr. George Michael Nassoor Mailing Address 201 E. Lafayette St.				Date of		ceipt) / Y	Y Y	Y			
	City Easton	State PA	Zip Code 18042-1675					2162880 Receipt th		d			
	FEC ID number of contributing federal political committee.	С					,		30	0.00			
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
C.	Full Name (Last, First, Middle Initial) Dr. Alyssa Kay Stephenson				Date of	f Red	ceipt						
	Mailing Address 1093 Spring Lake Dr.	Otata	Zin Oada		^M M		D 16		2014	Y			
	City Fond Du Lac	State WI	Zip Code 54935-9726					2162880 Receipt th		d			
	FEC ID number of contributing federal political committee.	С					,		30	0.00			
	Name of Employer	Occupation											
	Family Foot Clinics of WI Receipt For:	Podiatric P	•	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]									
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$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	American Podiatric Medical Asso	ociation I	Political Action Commit	ttee										
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick Samuel Mechanik				Date of	Re	ceipt							
	Mailing Address 8428 Brook Valley Dr.				03 16 / Y Y Y Y Y 2014									
	City	State	Zip Code		Trans	acti	ion ID :	2162880	7					
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B.	Full Name (Last, First, Middle Initial) Dr. Kert W. Howard				Date of	Re	ceipt							
	Mailing Address 7688 W. Portneuf Rd.				м м 03	/	16) / Y	ү 20)14	Y			
	City	State	Zip Code		Trans	acti	on ID :	2162880	8					
	Pocatello	ID	83204-7336		Amount	of	Each F	Receipt th	is F	'eriod				
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	Pocatello Podiatry Associates	Podiatric Ph	nysician											
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	Other (specify) ▼		350.00]										
C.	Full Name (Last, First, Middle Initial) Dr. Lawrence B. Harkless				Date of	Re	ceipt							
	Mailing Address 3622 Emory Way				м м 03	/	16			ү)14	Y			
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	Pomona	CA	91767-1109		Amount	of	Each F	Receipt th	is F	'eriod				
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$\overline{)}$	NAME OF COMMITTEE (In Full)										
	American Podiatric Medical Ass	ociation F	Political Action Commit	tee							
•	Full Name (Last, First, Middle Initial) Dr. Richard A. Altwerger				Data at	i Da	aaint				
Α.	Mailing Address Village Medical Arts Complex			_	Date of	i ne			Y		
	77 Miller Rd. #202				03		16	, / 1	2014		
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R	Full Name (Last, First, Middle Initial) Dr. Chester A. Nava Jr.				Date of	f Re	ceint				
υ.	Mailing Address 1130 Gilliland Rd.			_	M M	/	D) / Y	Y	Y Y	
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	Other (specify) ▼		300.00								
	Full Name (Last, First, Middle Initial) Dr. Joseph A. Sciandra				Date of	f Re	ceint				
	Mailing Address P.O. Box 1126				M M	/		о / Y	Y	Y Y	
					03		16	. L	2014	ι.	
	City Amherst	State NY	Zip Code 14226-7126					216288			
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$\left/ \right.$	NAME OF COMMITTEE (In Full)											
/	American Podiatric Medical Ass	ociation I	Political Action Commit	tee								
A.	Full Name (Last, First, Middle Initial) Dr. Patricia A. Moore			Date	of Re	ceipt						
	Mailing Address 201 Terre Coupe St.			03		16	/ Y	ү ү 2014	Y			
	City	State MI	Zip Code	Transaction ID : 21628814								
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	FEC ID number of contributing federal political committee.	С			_	9		250	0.00	I,		
	Name of Employer	Occupation										
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_	Full Name (Last, First, Middle Initial)											
в.	Dr. Heidi R. Newkirk Mailing Address 38 Hawthorne Dr. #E208				of Re	·			- 11-			
	Maining Address 38 Haw(nome DI. #E208			03		16	/ Y	_2014	Y			
	City	State	Zip Code	Tra	nsacti	on ID :	2162881					
	Bedford	NH	03110-6890	Amou	unt of	Each R	eceipt th	nis Perioc	ł			
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	Name of Employer	Occupation		_								
	Greater Salem Family Foot Care Assoc.	Podiatric Ph	iysician	_								
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Other (specify) ▼		300.00									
c.	Full Name (Last, First, Middle Initial) Dr. Stanley A. Gorgol			Date	of Re	ceipt						
	Mailing Address 5 Terracewood Rd.			0		16	/ Y	2014	Y			
	City	State	Zip Code	Tra	nsacti	on ID :	2162881	16				
	Londonderry	NH	03053-2409	Amou	unt of	Each R	eceipt th	nis Perioo	ł			
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	New Hampshire Podiatric Medical Assn.	Podiatric Ph	nysician	_								
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or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
American Podiatric Medical As	sociation I	Political Action Comm	ittee									
Full Name (Last, First, Middle Initial) A. Dr. Christian A. Robertozzi				Date of	f Re	eceipt						
Mailing Address 43 Douma Dr.				M = M / D = D / Y = Y = Y = Y 03 16 2014								
City	State	Zip Code		Trans	acti	ion ID	: 216288	817				
Newton	NJ	07860-1558		Amount	t of	Each F	Receipt	this F	Period			
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Full Name (Last, First, Middle Initial) B. Dr. Blake Odell Zobell				Date of	f Re	eceipt						
Mailing Address 855 N. 225 W.				03	/	16			014	Y		
City	State	Zip Code		Trans	acti	ion ID :	216288	18				
Richfield	UT	84701-1775		Amount	t of	Each I	Receipt	this F	Period			
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Other (specify)		300.00										
Full Name (Last, First, Middle Initial) C. Dr. Barry H. Block				Date of	f Re	eceipt						
Mailing Address 104-40 Queens Blvd.				03	/	16			014	Y		
City	State	Zip Code		Trans	act	ion ID	: 216288	319				
Forest Hills	NY	11375-3637		Amount	t of	Each F	Receipt	this F	Period			
FEC ID number of contributing federal political committee.	С					, .	7		500	.00		
Name of Employer	Occupation											
Self Employed	Podiatric Ph	nysician										
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Podiatric Medical Asso	ociation Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Dr. Kile W. Kinney Mailing Address 3552 Carnoustie Dr. City Martinez	State Zip Code GA 30907-9504	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer The Foot & Ankle Group Receipt For:	C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	300.00
Full Name (Last, First, Middle Initial) B. Dr. Thomas V. Johnson Mailing Address 289 Main St. City Suffield FEC ID number of contributing federal political committee. Name of Employer Podiatry Care Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06078-1332 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Craig S. Friedman Mailing Address 3734 Ashley Way City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21117-1400 C Occupation Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt
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\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation I	Political Action Commit	tee							
A.	Full Name (Last, First, Middle Initial) Dr. David Stewart Liebow				Date of	f Red	ceipt				
	Mailing Address 1202 Peaked Mountain Rd.				м м 03	/	16		2014	Y	
	City Townshend	State VT	Zip Code 05353	Transaction ID : 21628823 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					,	- 7		0.00	
	Name of Employer	Occupation									
	Self-Employed	Podiatric Ph	nysician	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Scott E. Hughes				Date of	f Red	ceipt				
	Mailing Address Foot & Ankle Specialists, PC 1060 N. Monroe St.	01.1	7. 0.1		м м 03	/	16		2014	Y	
	City Monroe	State MI	Zip Code 48162-3113				-	2162884 Receipt tl	-	Ч	
	FEC ID number of contributing federal political committee.	С			anoun					0.00	
	Name of Employer Self-Employed	Occupation Podiatric Ph									
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	Primary General Other (specify) ▼		500.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Lloyd S. Smith				Date of	f Red	ceipt				
	Mailing Address 65 Hartman Rd.				м м 03	/	16		2014	Y	
	City	State	Zip Code		Trans	sacti	on ID :	216288	45		
	Newton Center	MA	02459-3035	- /	Amoun	t of I	Each F	Receipt tl	nis Perio	d	_
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A A. C Ma Cit	merican Podiatric Medical Ass III Name (Last, First, Middle Initial) Dr. Maria A. Branca ailing Address 3 Sadore Ln. #4B	ociation F	Political Action Commit	tee							
A. C Ma Cit	Dr. Maria A. Branca ailing Address 3 Sadore Ln. #4B										
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	onkers	State NY	Zip Code 10710-4727						162884 ceipt th	eriod	
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	II Name (Last, First, Middle Initial) Dr. Paul Z. Sheremeta				Date of	Re	ceip	pt			
Ma	ailing Address Capital Foot Specialists 3761 Carman Rd.				м м 03	/	D	16	/ Y) 14	Y
Cit So	ty chenectady	State NY	Zip Code 12303-5418						162885 ceipt th	eriod	_
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	II Name (Last, First, Middle Initial) Dr. Jondelle B. Jenkins				Date of	Re	ceip	pt			
	ailing Address J.B. Jenkins & Associates 1706 E. 87th St.				м м 03	1		17	/ Y)14	Y
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American Podiatric Medical As	sociation Political Action Comm	ittee
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1 Shaded Glen Ct.		03 17 2014
City	State Zip Code	Transaction ID : 21635116
Owings Mills	MD 21117-3048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed Receipt For:	Podiatric Physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Paul Davis Brooks		Date of Receipt
Mailing Address 56 Blithewood Dr.		03 17 2014
City	State Zip Code	Transaction ID : 21635117
Pensacola	FL 32514-8193	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00]
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1529 W. Montana St. #1		03 19 2014
City	State Zip Code IL 60614-2007	Transaction ID : 21635491
Chicago	IL 60614-2007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	550.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation F	Political Action Commit	tee							
A.	Full Name (Last, First, Middle Initial) Dr. Syed Khalid Husain				Date of	f Re	eceipt				
	Mailing Address 11 McGlashey Dr.				м м 03	1	19) / Y	2014		1
	City South Barrington	State IL	Zip Code 60010-7108					2163549 Receipt th	3		_
	FEC ID number of contributing federal political committee.	С					,		3	800.0	0
	Name of Employer	Occupation									
	Midwest Foot & Ankle Clinics Receipt For:	Podiatric Ph		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
в.	Full Name (Last, First, Middle Initial) Dr. William M. Jenkin				Date of	f Re	eceipt				
	Mailing Address 130 Nadina Way				м м 03	/	19) / Y	2014		1
	City Greenbrae	State CA	Zip Code 94904-1131					2163549 Receipt th	-	od	
	FEC ID number of contributing federal political committee.	С					,		3	00.0	0
	Name of Employer Parnassus Heights Podiatry Group	Occupation Podiatric Ph	ysician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bradford W. Glass				Date of	f Re	eceipt				
	Mailing Address 4603 Island Dr.				м м 03		14		2014		
	City Midland	State TX	Zip Code 79707-1406				-	2163717		od	
	FEC ID number of contributing federal political committee.	С			Amouri			Receipt th		00 000.0	0
	Name of Employer	Occupation		_							
	Self-Employed	Podiatric Ph	nysician								
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	orts and Statements may not be sold or used by any per using the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Podiatric Medi	cal Association Political Action Commit	tee
A. Full Name (Last, First, Middle Initial Dr. Alan J. Block Mailing Address 1833 Lake Shore D		Date of Receipt
City Columbus	State Zip Code OH 43204-4964	03 17 2014 Transaction ID : 21637197
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial Mr. Michael Borden Mailing Address 1255 5th Ave.	State Zip Code	Date of Receipt 03 / 17 2014 Transaction ID : 21637198
New York FEC ID number of contributing federal political committee.	NY 10029-3852	Amount of Each Receipt this Period
Name of Employer New York State Podiatric Medical Ass Receipt For: Primary General Other (specify) ▼	Occupation Interim Executive Director Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial Dr. Kenneth F. Malkin Mailing Address 3630 Gardens Pkw		Date of Receipt
City Palm Beach Gardens FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33410-2783 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	03 17 2014 Transaction ID : 21637201 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (o	otional)	1050.00
TOTAL This Period (last page this line	e number only)	

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			Detailed Summary Page		< 11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and SI for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action Comr	mittee						
A.	Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala				Date of	of Re	eceipt			
	Mailing Address 59 Harrowgate Dr.				M 03	VI /	21		2014	Y
	City Cherry Hill	State NJ	Zip Code 08003-1938					: 2163727 Receipt th		d
	FEC ID number of contributing federal political committee.	С					7		10	0.00
	Name of Employer Self-Employed	Occupation Podiatric Pl								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
В.	Full Name (Last, First, Middle Initial) Dr. Bradford S. Legge				Date of	of Re	eceipt			
	Mailing Address 13711 Blooming Orchard Dr.				м 03	л /	22		2014	Y
	City Fishers	State IN	Zip Code 46038-4263					: 2163759 Receipt th		d
	FEC ID number of contributing federal political committee.	С					7		25	0.00
	Name of Employer Podiatry Associates of Indiana	Occupation Podiatric Ph								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
с.	Full Name (Last, First, Middle Initial) Dr. Andrew J. Schneider				Date	of Re	eceipt			
	Mailing Address 4326 Sarong Dr.				м 03	И	23		2014	Y
	City Houston	State TX	Zip Code 77096-4425					: 2163760 Receipt th		d
	FEC ID number of contributing federal political committee.	С					7		8	5.00
	Name of Employer	Occupation	1							
	Tanglewood Foot Specialists	Podiatric Pl	hysician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 255.00							
s	UBTOTAL of Receipts This Page (optional)			•			7		43	5.00
т	OTAL This Period (last page this line number of	only)					7	7		

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 13	11b	11c	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action C	Committee	Э				
Α.	Full Name (Last, First, Middle Initial) Dr. John F. Grady Mailing Address 7605 Ridgewood Ln.				Date of	· ·	D / Y	Y Y	Y
	City	State	Zip Code		03	26 action ID	5 : 2164165	2014	
	Burr Ridge	IL	60527-8024		Amount	of Each	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С				9		500	0.00
	Name of Employer Self-Employed	Occupation Podiatric P							
	Receipt For:		•						
	Primary General Other (specify) V	Aygregate	Year-to-Date ▼ 50	00.00					
в.	Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan				Date of	Receipt			
	Mailing Address Austin Foot & Ankle Specialists 5000 Bee Cave Rd. #202	3			03	/ D		2014	Y
	City West Lake Hills	State TX	Zip Code 78746-5254				: 2164315 Receipt th		1
	FEC ID number of contributing federal political committee.	С				,		100	0.00
	Name of Employer Austin Foot & Ankle Specialists	Occupation Podiatric Pl							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 30	00.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Wendy Sue Winckelbach				Date of	Receipt			
	Mailing Address 3788 Highland Park Dr.				03	/ D 27	D / Y	2014	Y
	City Greenwood	State IN	Zip Code 46143-8231				: 2164316 Receipt th		1
	FEC ID number of contributing federal political committee.	С				-	7	25	0.00
	Name of Employer	Occupation	1						
	Southside Foot Clinic	Podiatric P	hysician						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		2	50.00					
s	UBTOTAL of Receipts This Page (optional)					_		5350	.00
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Devang C. Patel Mailing Address 761 Main Ave. City Norwalk FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code CT 06851-1080 C Occupation Podiatric Physician	Date of Receipt 03 / 27 / 2014 Transaction ID : 21643199 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Thomas Gerard Guglielmo Mailing Address 35 Maryanne Dr. City	State Zip Code	Date of Receipt
Monroe FEC ID number of contributing federal political committee.	CT 06468-3209	Amount of Each Receipt this Period 300.00
Name of Employer New Milford Podiatry Receipt For: Primary General Other (specify) v	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
C. Dr. Betty M. Carreira Mailing Address 21A Purcell Dr.		Date of Receipt
City Danbury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Zip Code CT 06810-7024 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Transaction ID : 21643203 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	-	1600.00

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	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation	Political Action Corr	nmittee						
A.	Full Name (Last, First, Middle Initial) Dr. Robert D. Rutstein				Date o		eipt			
	Mailing Address 597 Farmington Ave.	State	Zip Code		03		27 on ID : 2	/ Y	2014	Y
	Hartford	СТ	06105-3057						is Period	d
	FEC ID number of contributing federal political committee.	С				,				0.00
	Name of Employer Self-Employed	Occupation Podiatric Pl								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		300.00	0						
в.	Full Name (Last, First, Middle Initial) Dr. Sanjay V. Patel				Date of	f Rec	eipt			
	Mailing Address Family Foot Care & Surgery, Ll 309 Seaside Ave. #202				03	/	D D D 27	/ Y	y y 2014	Y
	City Milford	State CT	Zip Code 06460-4632				n ID : 2 Each Re		6 lis Period	b
	FEC ID number of contributing federal political committee.	С				,		9	1000	0.00
	Name of Employer Family Foot Care & Surgery, LLC	Occupation Podiatric Ph								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	D						
с.	Full Name (Last, First, Middle Initial) Dr. Eric M. Kosofsky				Date o	f Rec	eipt			
	Mailing Address 86 Knollwood Ln.				03	/	27	/ Y	ү ү 2014	Y
	City Avon	State CT	Zip Code 06001-2701				on ID : 2 Each Re		17 Iis Period	d
	FEC ID number of contributing federal political committee.	С				. ,		7	35	0.00
	Name of Employer	Occupation	1							
	Hartford Podiatry Group	Podiatric P	hysician							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		350.00	0						
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Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Dr. Peter A. Blume		Date of Receipt
Mailing Address 22 Timber Ln.		03 / D D / Y Y Y Y 27 2014
City Woodbridge	State Zip Code CT 06525-1835	Transaction ID : 21643208
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Blume Pod. Group/Aff. Foot Surgeons	Occupation Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Dr. Gordon E. Fosdick		Date of Receipt
Mailing Address 307 Cherry Hill Rd.		03 27 2014
City	State Zip Code	Transaction ID : 21643209
Middlefield	CT 06455-1238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. James H. Blume		Date of Receipt
Mailing Address 508 Blake St.		03 28 2014
City New Haven	State Zip Code CT 06515-1287	Transaction ID : 21645474
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
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			Detailed Summary Page		-		11b	11c		12	
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	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
\sum	American Podiatric Medical Ass	ociation	Political Action Commi	ttee							
Α.	Full Name (Last, First, Middle Initial) Dr. Steven E. Damon				Date of	Re	eceipt				
	Mailing Address 399 N. Main St.				м м 03	1	D D 28	/ Y		014	Y
	City	State	Zip Code		Trans	act	ion ID : 2	164549	2		
	Suffield	СТ	06078-1839	/	Amount	t of	Each Re	eceipt th	is P	Period	
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	Self-Employed	Podiatric Ph	nysician								
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	Primary General Other (specify)		300.00	1							
в.	Full Name (Last, First, Middle Initial) Dr. Paul Andrew Frumento				Date of	Re	eceipt				
	Mailing Address 2 Forest Ln.				M M 03	1 ′	31	/ Y	Y 20)14	Y
	City	State	Zip Code			acti	on ID : 2	164551		/14	
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	Primary General	riggrogato		11.							
	Other (specify)		300.00								
с.	Full Name (Last, First, Middle Initial) Dr. Gary J. Hoberman				Date of	Re	eceipt				
	Mailing Address 4201 Davis St.				м м 03	/	D D 31	/ Y)14	Y
	City	State	Zip Code		Trans	act	ion ID : 2	2164584	3		
	Skokie	IL	60076-1601		Amount	t of	Each Re	eceipt th	is P	Period	
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	Self-Employed	Podiatric Pl	nysician								
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			Detailed Summary Page		11a		11b		11c	12	
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	NAME OF COMMITTEE (In Full)					-					
\rangle	American Podiatric Medical Ass	ociation I	Political Action Commi	ttee							
Α.	Full Name (Last, First, Middle Initial) Dr. Robert D. Phelps			[Date of	Re	eceipt				
	Mailing Address 509 W. Main St.				м м 03	/	D 3		/ Y	у у 2014	Y
	City	State	Zip Code		Trans	acti	ion ID	: 2	164584	4	
	Whitehouse	ТХ	75791-3449	A	Amount	of	Each	Re	ceipt th	is Period	1
	FEC ID number of contributing federal political committee.	С					7		7	500	0.00
	Name of Employer	Occupation									
	Foot Clinics of E. TX	Podiatric Ph	ysician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
В.	Full Name (Last, First, Middle Initial) Dr. James H. Dolan				Date of	Re	eceipt				
	Mailing Address 8 Highlander Dr.				м м 03	1	3		/ Y	2014	Y
	City	State	Zip Code		Trans	acti	ion ID	: 2	164584	8	
	North Hampton	NH	03862-2101	/	Amount	of	Each	Re	ceipt th	is Period	1
	FEC ID number of contributing federal political committee.	С					3		3	300	0.00
	Name of Employer Self-Employed	Occupation Podiatric Ph	ysician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 300.00								
C.	Full Name (Last, First, Middle Initial) Dr. Katherine Bailey				Date of	Re	eceipt				
	Mailing Address Bailey & Associates 1307 Washington St. #100				м м 03	1	3		/ Y	ү ү 2014	Y
	City	State IL	Zip Code						164585		
	Oregon	IL	61061-1022	/	Amount	of	Each	Re	ceipt th	is Period	1
	FEC ID number of contributing federal political committee.	С					, ,		7	30	0.00
	Name of Employer	Occupation									
	Bailey & Associates	Podiatric Pl	nysician								
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SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		〈 11a		11b	11c	12				
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\backslash	NAME OF COMMITTEE (In Full)												
	American Podiatric Medical Ass	ociation I	Political Action Commit	tee									
/	Full Name (Last, First, Middle Initial)												
Α.	Dr. Matthew J. Thompson				Date of	f Re	ceipt						
	Mailing Address 4935 White Oak Dr.				03	/	31) / Y	2014	Y			
	City	State	Zip Code			acti		216458					
	Lumberton	NC	28358-2187	_	Amoun	t of	Each F	Receipt tl	his Period	k			
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	federal political committee.						7	7					
	Name of Employer	Occupation											
	Cape Fear Podiatry Associates Receipt For:	Podiatric Ph	-	_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)	L	300.00										
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В.	Full Name (Last, First, Middle Initial) Dr. Daniel Evan Laut				Date of	f Re	ceipt						
	Mailing Address Cape Fear Podiatry Associates	6			M M	/	D) / Y	Y Y	Y			
	1738 Metromedical Dr.		7: 0 1		03		31		2014	_			
	City Fayetteville	State NC	Zip Code 28304-3861	-			-	2164585		4			
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	Name of Employer	Occupation											
	Cape Fear Podiatry Associates	Podiatric Ph	ysician										
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	Other (specify)		, 300.00										
	Full Name (Last, First, Middle Initial)												
C.	Dr. Terrill F. Brown III				Date of	f Re	· ·	_					
	Mailing Address 20 Chicora Club Dr.				03	/	31) / Y	2014	Y			
	City	State	Zip Code		Trans	sact	ion ID :	216458	53				
	Dunn	NC	28334-5667		Amoun	t of	Each F	Receipt t	his Period	t			
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	Self-Employed	Podiatric Ph	nysician										
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SCHEDULE A (FEC Form 3X)

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$\overline{)}$	NAME OF COMMITTEE (In Full)									
/	American Podiatric Medical Ass	ociation I	Political Action Commi	ttee						
A.	Full Name (Last, First, Middle Initial) Dr. Mark T. Eaton				Date of	Re	ceipt			
	Mailing Address 6737 Stone Mountain Farm Ro	1.			M M	/		/ Y	Y Y	Y
	City	State	Zip Code		03 Trans	acti	31 on ID : 2	2164585	2014 4	
	Fayetteville	NC	28311-1193		Amount	t of	Each Re	eceipt th	is Period	k
	FEC ID number of contributing federal political committee.	С				_	7	7	30	0.00
	Name of Employer	Occupation								
	Cape Fear Podiatry Associates Receipt For:	Podiatric Ph	,	_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		300.00							
в.	Full Name (Last, First, Middle Initial) Dr. Eugene R. Kubitz				Date of	Re	ceipt			
	Mailing Address 3918 Deerpath Dr.				м м 03	/	31	/ Y	2014	Y
	City	State	Zip Code					2167103		
	Sandusky	OH	44870-6084		Amount	t of	Each Re	eceipt th	is Period	t de la companya de
	FEC ID number of contributing federal political committee.	С			L	_	,	7	300	0.00
	Name of Employer Self-Employed	Occupation								
	Receipt For:	Podiatric Ph	•							
	Primary General	Aggregate	Year-to-Date ▼	1						
	Other (specify)		300.00							
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	federal political committee.	С				_	9	7		
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$\left[\right]$	NAME OF COMMITTEE (In Full)														
	American Podiatric Medical Assoc	iation P	olitical Actior	ר Cor	nmit	tee									
^	Full Name (Last, First, Middle Initial)					De	to of	Disburs	omont						
А.	Enzi For Us Senate														
	Mailing Address PO Box 2775						03	/ D ()5	2014	Ŷ				
	City	State	Zip Code			Transaction ID : 21624666									
	Cody	WY	82414			_ '	101150		. 2102400	50					
	Purpose of Disbursement			01	11	An	nount	of Each	Disburser	nent this	Period				
	Candidate Name			Cate	gory/	ЪE				400					
	Sen. Michael B. Enzi				pe					100	0.00				
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General												
	State: WY District:														
_	Full Name (Last, First, Middle Initial)														
В.	Mcconnell Senate Committee '14					Da	ate of	Disburs							
	Mailing Address PO Box 1496						03	/ D	D / Y D6	2014	Y				
	City	State	Zip Code			1	Transa	ction IF	D : 216247	78					
	Louisville	KY	40201			_ '	Tunioc								
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	Sen. Mitch McConnell				gory/ pe	11				250	0.00				
	Office Sought: House Disburse	ment For:	2014	Туре											
		Primary	General												
	President	Other (spe	ecify) 🔻												
_	State: KY District:														
C.	Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '14					Da	ate of	Disburs	ement						
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	Mailing Address PO Box 1496						03	(06	2014					
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	Louisville	KY	40201			_ '	Tanse		. 210247						
	Purpose of Disbursement			01	14										
	Candidate Name					An	nount	of Each	Disburser	nent this	Period				
	Sen. Mitch McConnell				gory/ pe					250	0.00				
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Α.	Van Hollen For Congress						Date of Disbursement								
	Mailing Address 10537 St. Paul St.						03 / D D / Y Y Y Y 2014								
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	Mailing Address 6250 Village Parkway Second Floor						03 20 2014								
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	Void - Check lost in the mail		011 Category/			Amount of Each Disbursement this Period									
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N	Mailing Address 205 5th Avenue South						03 27 2014								
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