Image# 13962942543 PAGE 1 / 35

### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIWI 3X F	or Other Than An Aut	norizea Committe	e		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ıg, type	12FE4M5	
American Podiatric Me	dical Association Po	itical Action Co	mmittee		
<u> </u>					
ADDRESS (number and street)	9312 Old Georgetown Road				
Check if different					
than previously reported. (ACC)	Bethesda			MD	20814-1698
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y.		STATE <b></b>	ZIP CODE ▲
C C00008839			IEW N) <b>OR</b>	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			lul 20 (M7)		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	1)				
July 15 Quarterly Report (Q	(c) 12-Day PRE-Election	Primary (12P		General	
October 15 Quarterly Report (Q	Report for the:	Convention (	12C)	Special (	12S)
January 31 Year-End Report (Y	E) Electic	on on	D   D /	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	i)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Election	n on	D D /	Y = Y = Y = Y	in the State of
5. Covering Period 05	01 2013	through	M M 05	31	2013
I certify that I have examined thi	s Report and to the best of	my knowledge and b	elief it is tru	ie, correct and	d complete.
Type or Print Name of Treasurer	Dr. Randy Kaplan DPM				
Signature of Treasurer Dr. Re	andy Kaplan DPM	[Electronically	Filed]	oate 06	/ 17 / Y Y Y Y Y Y Y 17 2013
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the pers	son signing th	nis Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 05 01 2013 To: 05 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2013		240465.66
	(b) Cash on Hand at Beginning of Reporting Period	463715.65	
	(c) Total Receipts (from Line 19)	45548.00	296677.99
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	509263.65	537143.65
7.	Total Disbursements (from Line 31)	9100.00	36880.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	500163.65	500263.65
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

ons (other than loans) From: duals/Persons Other Political Committees emized (use Schedule A)  nitemized  OTAL (add nes 11(a)(i) and (ii)  cal Party Committees as PACs)  Contributions (add Lines	7	25075.00 25075.00 15473.00 40548.00	204463.00 86214.99 290677.99
Political Committees emized (use Schedule A)  nitemized  OTAL (add nes 11(a)(i) and (ii)  cal Party Committees  Political Committees as PACs)		15473.00 40548.00	86214.99
nitemized	7	15473.00 40548.00	86214.99
nitemized  OTAL (add nes 11(a)(i) and (ii)  cal Party Committees  Political Committees as PACs)		15473.00 40548.00	86214.99
OTAL (add nes 11(a)(i) and (ii)	7	40548.00	
cal Party Committees  Political Committees as PACs)	7		290677.99
Political Committees as PACs)	7	0.00	
as PACs)			0.00
		0.00	0.00
Contributions (add Lines	7	0.00	0.00
(iii), (b), and (c)) (Carry s to Line 33, page 5)	7	40548.00	290677.99
		0.00	0.00
-	7		
Received		0.00	0.00
avments Received		0.00	0.00
	7	7	7
· · · · · · · · · · · · · · · · · · ·		0.00	0.00
	7	7	7
		5000.00	6000.00
	7	7	
· ·		0.00	0.00
	7	0.00	0.00
		0.00	0.00
25230.0 1.0,	7	3.33	0.00
5 - 1 - (( 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		0.00	0.00
runas (trom Schedule H5)	7	0.00	0.00
ransfers (add 18(a) and 18(b))		0.00	0.00
	From Affiliated/Other nmittees	From Affiliated/Other nmittees	From Affiliated/Other nmittees

#### **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		Calcillati i Cal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoval Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	9000.00	36500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	100.00	380.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
	7	
(d) Total Contribution Refunds	400.00	
(add Lines 28(a), (b), and (c))▶	100.00	380.00
Other Disbursements	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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))	9100.00	36880.00
	3100.00	30080.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	9100.00	36880.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	40548.00	290677.99
4. Total Contribution Refunds (from Line 28(d))	100.00	380.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40448.00	290297.99
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:							PAGE	6	OF	35
	(check only one)									
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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	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Dr. Brenna Leigh Steinberg  Mailing Address 21511 Sun Garden Ct.		Date of Receipt
City Germantown	State         Zip Code           MD         20876-6941	05 01 2013  Transaction ID : 20855458  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Self-Employed  Receipt For:	Occupation Podiatric Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Randy K. Kaplan  Mailing Address 6578 Post Oak Dr.		Date of Receipt  05 02 2013
City West Bloomfield	State         Zip Code           MI         48322-3830	Transaction ID : 20885344  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1350.00	
Full Name (Last, First, Middle Initial)  Dr. W. Ryan Meredith IV		Date of Receipt
Mailing Address 862 Edgewater Dr.		05 03 2013
City Belmont	State Zip Code NC 28012-8732	Transaction ID : 20885413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer  Gaston Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (optional	1)	650.00
TOTAL This Period (last page this line num	nber only)	

ı		R LINE	PAGE	=	7	OF	35		
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	×	11a	11b		11c		12	2	
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ssociation Political Action Committe	<del></del>
Dr. Patrick B. Hall  Mailing Address 246 W. Woodstone Ct.		Date of Receipt    M = M / D = D / Y = Y = Y = Y   D = D   D   D   D   D   D   D   D   D
City Baton Rouge	State Zip Code LA 70808-5148	Transaction ID : 20885415  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer  Bone & Joint Clinic of Baton Rouge, IN  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial)  B. Dr. Jeannie Y. Jo  Mailing Address 7602 Old Sturbridge Ln.		Date of Receipt
City Baton Rouge	State Zip Code LA 70806-7670	Transaction ID : 20885416  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	500.00
Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Podiatric Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub  Mailing Address 100 Ayshire Ct.		Date of Receipt  05 06 2013
City Slidell	State Zip Code LA 70461-5034	Transaction ID : 20885620  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 ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional).		1150.00
TOTAL This Period (last page this line numb	er only)	

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

FOR	LINE	PAGE	8	OF	35			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g 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 Committe	ee
Full Name (Last, First, Middle Initial)  Dr. Matthew Gerard Enzweiler  Mailing Address 1271 Cayton Rd.		Date of Receipt
City Florence	State Zip Code KY 41042-9396	05 06 2013  Transaction ID : 20885708  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)  3. Dr. Michael Morrill  Mailing Address 3200 Penbroke Pl.		Date of Receipt  05 06 2013
City Lexington	State Zip Code KY 40509-2016	Transaction ID : 20885710  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Family Foot Care  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Dr. Brian Przystawski  Mailing Address 6507 Turnbridge Pl.	I	Date of Receipt
City Prospect	State Zip Code KY 40059-8872	05 06 2013  Transaction ID : 20885713  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician  Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	1100.00
TOTAL This Period (last page this line num	nber only)	

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

FOR	LINE I	PAGE	9	OF	35			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)  American Podiatric Medical A	ssociation Political Action Committe	ee					
Full Name (Last, First, Middle Initial)  Dr. Benjamin M. Schaffer		Date of Receipt					
Mailing Address 63 Harwood Rd.		05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID: 20885716					
Louisville	KY 40222-6164	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer	Occupation						
Self-Employed	Podiatric Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	300.00						
Full Name (Last, First, Middle Initial)  3. Dr. Alan K. Mauser		Date of Receipt					
Mailing Address 425 S. Sherrin Ave.	05 06 2013						
City	State Zip Code	Transaction ID: 20885718					
Louisville	KY 40207-3817	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						
Full Name (Last, First, Middle Initial)  C. Dr. David R. Northcutt		Date of Receipt					
Mailing Address 1531 N. Buckner Blvd.		05 09 2013 _					
City Dallas	State Zip Code TX 75218-3517	Transaction ID : 20890099  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	300.00					
Name of Employer	Occupation						
Self-Employed	Podiatric Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	300.00						
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	900.00					
TOTAL This Period (last page this line numb	er only)						

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

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Richard K. Rettig Date of Receipt Mailing Address 1335 W. Tabor Rd. #206 09 2013 City Zip Code State Transaction ID: 20890718 PΑ Philadelphia 19141-3040 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jeffrey L. Jensen Date of Receipt Mailing Address Barry Univ. School of Podiatric Me 11300 N.E. 2nd Ave. 05 06 2013 City State Zip Code Transaction ID: 20890841 FL Miami 33161-6628 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Diabetic Foot & Wound Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Daria P. McDonough Date of Receipt Mailing Address 284 N. Halifax Dr. 05 10 2013 City State Zip Code Transaction ID: 20890901 FL Ormond Beach 32176-5765 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional).....

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

					PAGE	_ ′	11	OF		35		
(che	(check only one)											
X	11a		11b		11c		12					
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or for commercial purposes, other than usin	and Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	Association Political Action Committee	20
	ASSOCIATION FOILICAL ACTION COMMITTE	<del></del>
Full Name (Last, First, Middle Initial)  Dr. Lisa M. Schoene		Date of Receipt
Mailing Address 659 W. Wellington Ave. 7	#3W	05 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID: 20890903
Chicago	IL 60657-5305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Gurnee Podiatry & Sports Medicine	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  B. Dr. Karen A. Langone		Date of Receipt
Mailing Address 257 Weeks Ave.		M M / D D / Y Y Y Y Y Y
City	State Zip Code	05 10 2013 Transaction ID : 20890910
Manorville	NY 11949-2041	Amount of Each Receipt this Period
FEC ID number of contributing		Tandan of Each Hoodpt this Follow
federal political committee.	C	1000.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Bryan C. Markinson	I	Date of Receipt
Mailing Address 425 Newbridge Rd. #44		05 10 2013
City	State Zip Code	Transaction ID : 20891065
East Meadow	NY 11554-4138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	_
Mount Sinai School of Medicine	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	300.00	
Other (specify) ▼	300.00	
OUDTOTAL (C) (C) (C)	-D	1800.00
SUBTOTAL of Receipts This Page (options	al)	1300.00
TOTAL This Period (last page this line nur	nber only)	

					PAGE	1	12	OF		35	
(check only one)											
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	13		14		15		16	;		17	

/ American Podiatric Medical As	ssociation Political Action Committ	tee
Full Name (Last, First, Middle Initial) Dr. Brian D. Gale  Mailing Address 2418 Coolidge Ave.		Date of Receipt  05 13 2013
City	State Zip Code	Transaction ID : 20892620
Bismarck	ND 58501-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	325.00
Name of Employer	Occupation	
Dakota Foot & Ankle	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial)  Dr. Bruce M. Jacob	•	Date of Receipt
Mailing Address 4319 Foxpointe Dr.		M = M / D = D / Y = Y = Y
City	State Zin Code	05 15 2013
City West Bloomfield	State Zip Code MI 48323-2615	Transaction ID : 20893765
West Bloomfield	MI 48323-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Travis Jason Zimbelman		Date of Receipt
Mailing Address 607 Linden Ln.		05 15 2013
City	State Zip Code	Transaction ID : 20896839
Prattville	AL 36066-7366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggrogate real to Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).		725.00

					PAGE	_ 1	13	OF		35		
(che	(check only one)											
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Association Political Action Committee	
Dr. William M. Jenkin  Mailing Address 130 Nadina Way		Date of Receipt  05 14 2013
City Greenbrae	State Zip Code CA 94904-1131	Transaction ID : 20896853  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer  Parnassus Heights Podiatry Group  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00	_
Full Name (Last, First, Middle Initial)  B. Dr. Steve R. Feller  Mailing Address 7507 Custer Rd. W.	Date of Receipt	
City Tacoma  FEC ID number of contributing federal political committee.	State Zip Code WA 98499-8138	Transaction ID : 20900024  Amount of Each Receipt this Period  50.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  250.00	_
Full Name (Last, First, Middle Initial) Dr. Howard I. Hyman Mailing Address 1 Brookeside Ct.  City Scotch Plains	State Zip Code NJ 07076-2647	Date of Receipt  05 17 2013  Transaction ID : 20900052  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00	500.00
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line numb		

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

FOR LINE NUMBER:					PAGE		14	OF		35
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

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

NAME OF COMMITTEE (In Full)

	ull Name (Last, First, Middle Initial) Dr. Amy Beth Herskowitz		Date of Receipt
N	failing Address 12 Stead Ct.		05 17 2013
C	ity	State Zip Code	Transaction ID : 20900053
_\	/oorhees	NJ 08043-4121	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	500.00
N	lame of Employer	Occupation	
٧	Voodbury Foot Care Centre	Podiatric Physician	
R	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) Dr. Anthony N. Acello		Date of Receipt
_	failing Address 6 Susan Ct.		05 17 2013
C	city	State Zip Code	Transaction ID: 20900054
F	Rivervale	NJ 07675-7478	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	300.00
	lame of Employer	Occupation	
	oot & Ankle Surgical Associates	Podiatric Physician	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	300.00	
	ull Name (Last, First, Middle Initial) Dr. Jeffrey Frederick		Date of Receipt
N	failing Address 30005 Forest Dr.		05 19 2013
	ity tii-	State Zip Code MI 48025-1580	Transaction ID: 20900175
-	Franklin	MI 48025-1580	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	100.00
Ν	lame of Employer	Occupation	1
	Self-Employed	Podiatric Physician	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	500.00	

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

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NAME OF COMMITTEE (In Full)	Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala  Mailing Address 59 Harrowgate Dr.		Date of Receipt  05 21 2013
City	State Zip Code	Transaction ID : 20902643
Cherry Hill	NJ 08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  B. Dr. Vada Kathleen Satterfield		Date of Receipt
Mailing Address 10685 Concannon St.		05 21 2013
City	State Zip Code	Transaction ID : 20902644
Rancho Cucamonga	CA 91737-6922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Disabled	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6102 Timberknoll Dr.		05 21 2013
City	State Zip Code	Transaction ID : 20902798
Macungie	PA 18062-8884	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 ▼	
Primary General	Aggregate real to-bate •	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	625.00
<b>FOTAL</b> This Period (last page this line nur	mher only)	

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	Association Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Dr. Joseph S. Borreggine		Date of Receipt
Mailing Address 924 Hawthorne Drive		05 22 2013
City	State Zip Code	Transaction ID: 20902805
Charleston	IL 61920-8260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Touching Ground Podiatry, P.C.	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial)  Dr. David G. Edwards	'	Date of Receipt
Mailing Address 1651 Saddle Hill Dr.		M = M / D = D / Y = Y = Y
City	State Zip Code	05 22 2013 Transaction ID : 20003206
Logan	UT 84321-4828	Transaction ID : 20902806  Amount of Each Receipt this Period
FEC ID number of contributing	0.021.020	Amount of Lacri Hecelpt this Fellou
federal political committee.	C	90.00
Name of Employer		
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General  Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address Pali Momi Medical Centres 98-1079 Moanalua Rd.	#400	05 21 2013
City	State Zip Code	Transaction ID: 20903147
Aiea	HI 96701-4715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Kapiolani Med. Ctr. At Pali Momi	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	715.00
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TOTAL This Period (last page this line nu	mber only)	

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

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Dr. Andrew J. Schneider  Mailing Address 4326 Sarong Dr.		Date of Receipt
City	State Zip Code	05 23 2013 Transaction ID : 20903179
Houston	TX 77096-4425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
Tanglewood Foot Specialists Receipt For:	Podiatric Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial)  3. Dr. Jason W. Rockwood	•	Date of Receipt
Mailing Address 3 Autumn Light PI.		05 23 2013
City	State Zip Code NM 87508-1334	Transaction ID : 20903180
Santa Fe	07030 100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Glacier Foot & Ankle Associates	Occupation	
Receipt For:	Podiatric Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Benjamin W. Weaver		Date of Receipt
Mailing Address Central KS Podiatry Asso 2081 N. Webb Rd.	ciates	05 23 2013
City Wichita	State Zip Code KS 67206-3411	Transaction ID : 20903181  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Central KS Podiatry Associates	Podiatric Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	185.00
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert C. Brace Date of Receipt Mailing Address 2000 N. 8th St. 2013 23 City Zip Code State Transaction ID: 20904305 TX McAllen 78501-2263 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Foot Center of McAllen Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven E. Black Date of Receipt Mailing Address 22855 Sparrowdell Dr. 2013 05 24 City State Zip Code Transaction ID: 20904313 CA Calabasas 91302-1820 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Lawrence A. Santi Date of Receipt Mailing Address 31 Mayflower Ave. 05 24 2013 City Zip Code State Transaction ID: 20904316 NY Williston Park 11596-1517 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	<b>⊝</b> e
Full Name (Last, First, Middle Initial)  Dr. Paul W. Aufderheide  Mailing Address 6465 Chico Way		Date of Receipt
City	State Zip Code	05 24 2013 Transaction ID: 20904371
FEC ID number of contributing federal political committee.	WA 98312-1155	Amount of Each Receipt this Period
Name of Employer Smith Barney Shearson Bldg.	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Dr. Brandon David Nelson  Mailing Address 6921 96th Ave. S. E.		Date of Receipt
City Mercer Island	State Zip Code WA 98040-5405	Transaction ID : 20904372  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)  Dr. David M. Gent		Date of Receipt
Mailing Address 3747 Sagebrush Ln. N.W.		05 24 2013
City Bremerton	State Zip Code WA 98312-8870	Transaction ID : 20904382  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	
SUBTOTAL of Receipts This Page (optional	)	900.00
TOTAL This Period (last page this line num	per only)	

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Full Name (Last, First, Middle Initial)  Dr. Terrence E. Hess  Mailing Address 5937 Black Lake Belmore Rd.  City  Olympia  State  WA  98512-7057  FEC ID number of contributing federal political committee.  Name of Employer  Foot & Ankle Surgical Associates  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  Dr. Lawrence Zane Huppin  Mailing Address 7109 Dayton Ave. N.	e
3. Dr. Lawrence Zane Huppin	Date of Receipt  M M M / D D / 2013  Transaction ID: 20904384  Amount of Each Receipt this Period  300.00
City State Zip Code Seattle WA 98103-5029  FEC ID number of contributing federal political committee.  Name of Employer Occupation Foot & Ankle Center of WA Podiatric Physician  Receipt For: Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Tony D. H. Kim  Mailing Address 2129 Sunrise Cir.  City  Wenatchee  WA  98801-1046  FEC ID number of contributing federal political committee.  Name of Employer  PRIVATE PRACTICE  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1600.00

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation Political Action Committee	e				
Full Name (Last, First, Middle Initial)  A. Dr. Douglas K. Monson		Date of Receipt				
Mailing Address Family Foot Center 526 N. Mullan Rd. #B		05 24 2013				
City	State Zip Code	Transaction ID: 20904395				
Spokane Valley	WA 99206-2407	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer	Occupation					
Family Foot Center	Podiatric Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial)  Dr. Donald W. Orminski		Date of Receipt				
Mailing Address Central WA Podiatry Service		05 24 2013				
307 S. 12th Ave. #9	307 S. 12th Ave. #9 City State Zip Code					
Yakima	WA 98902-3138	Transaction ID : 20904398  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C 30302-3130	amount of Each Receipt this Period				
Name of Employer	Occupation					
Central WA Podiatry Service	Podiatric Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial)  Dr. Andrew S. Soo		Date of Receipt				
Mailing Address Midway Foot & Ankle Clinic 26234 Pacific Hwy. S.		05 24 2013				
City	State Zip Code	Transaction ID : 20904401				
Kent	WA 98032-6934	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer	Occupation					
Midway Foot & Ankle Clinic	Podiatric Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	300.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	900.00				
TOTAL This Period (last page this line number	only)					

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NAME OF COMMITTEE (In Full)	Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Rylan J. Johnson  Mailing Address 16630 Elk Horn Rd.		Date of Receipt  05 23 2013
City	State Zip Code	Transaction ID : 20904585
Piedmont	SD 57769-2125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date •	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial)  Dr. Mark B. Saffer		Date of Receipt
Mailing Address 3165 Gilbert Ridge Rd.		M M / D D / Y Y Y Y
City	State Zip Code	05 23 2013
•	•	Transaction ID : 20904586
West Bloomfield	MI 48322-1836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer		
Midwest Health Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Jondelle B. Jenkins		Date of Receipt
Mailing Address J.B. Jenkins & Associate 1706 E. 87th St.	es	05 25 2013
City	State Zip Code	Transaction ID: 20904703
Chicago	IL 60617-2740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer	Occupation	$\dashv$
J.B. Jenkins & Associates	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to-bate ¥	
Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (option	nal)	1225.00
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Full Name (Last, First, Middle Initial) Dr. Kirk Eliel Woelffer		Date of Receipt
Mailing Address Raleigh Foot Center P.O. Box 98209 City	State Zip Code	05 28 2013 Transaction ID : 20906751
Raleigh	NC 27624-8209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Raleigh Foot Center	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Stuart Woociker		Date of Receipt
Mailing Address 445 Warrior Trl.		M M / D D / Y Y Y Y Y
City	State Zip Code	05 28 2013 Transaction ID : 20906752
Enterprise	FL 32725-2456	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Orlando Foot&Ankle Clinic Physicians	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)	1	
Dr. Joseph H. Strickland		Date of Receipt
Mailing Address 2990 Longbrooke Way  City	State Zip Code	05 28 2013
Clearwater	FL 33760-1719	Transaction ID : 20906755  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation Political Action Committe	е
Full Name (Last, First, Middle Initial)  Dr. Zahid A. Ladha		Date of Receipt
Mailing Address 3544 Marquis Ct.		05 28 2013
City	State Zip Code	Transaction ID : 20906779
Floyds Knobs	IN 47119-9766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial)  Dr. M. Diane Collier		Date of Receipt
Mailing Address 800 N. Iroquois Ave.		05 28 2013
City	State Zip Code	Transaction ID: 20909318
Dothan	AL 36303-3224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Alabama South Family Podiatry	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. George Michael Johnson Jr.		Date of Receipt
Mailing Address 5881 Bayou Rd.		05 28 2013
City	State Zip Code	Transaction ID: 20909319
Mobile	AL 36605-9414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Medical Center Podiatry, P.C.	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number	only)	

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Full Name (Last, First, Middle Initial) Dr. Gary A. Raymond		
<u> </u>		Date of Receipt
Mailing Address Rd. 4 Box 148		05 24 2013
City	State Zip Code	Transaction ID: 20909320
Hollidaysburg	PA 16648-9262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. Iggi ogalo Tour to Buto Y	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Gary S. Saphire		Date of Receipt
Mailing Address 248 Avenue P		05 29 2013
City	State Zip Code	Transaction ID : 20909525
Brooklyn	NY 11204-4934	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. David J. Freedman	<u>, I</u>	Date of Receipt
·		Date of Receipt
Mailing Address 2128 Rose Theatre Cir.		05 29 _ 2013 _
City	State Zip Code	Transaction ID : 20909526
Olney	MD 20832-1677	Amount of Each Receipt this Period
FEC ID number of contributing		dark of Edon Hooopt this Forlow
federal political committee.	C	1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4000.00	
	1000.00	
Primary General		1600.00

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
American Podiatric Medical	Association Political Action Committ	ee
Full Name (Last, First, Middle Initial) Dr. Scott Schroeder		Date of Receipt
Mailing Address 4123 Stemilt Creek Rd.		05 29 2013
City	State Zip Code	Transaction ID: 20909529
Wenatchee	WA 98801-8982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Foot Health Services	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan	•	Date of Receipt
Mailing Address Austin Foot & Ankle Spe	cialists	M = M / D = D / Y = Y = Y
5000 Bee Cave Rd. #20		05 30 2013
City	State Zip Code TX 78746-5254	Transaction ID : 20912545
West Lake Hills	TX 78746-5254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	7
Austin Foot & Ankle Specialists	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. David C. Schleichert		Date of Receipt
Mailing Address 31524 Lowry Cir.		05 30 2013
City	State Zip Code	Transaction ID : 20912549
Cushing	MN 56443-2087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Lakewood Health Systems	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	al)	950.00
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation Political Action Committee	е
۹.	Full Name (Last, First, Middle Initial) Dr. Matthew L. Burrell  Mailing Address 64 Cross Country Ln.		Date of Receipt
	City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer  Lake Podiatry, PA  Receipt For:  Primary General Other (specify) ▼	State Zip Code NH 03264-1138  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00	7 Transaction ID : 20912644  Amount of Each Receipt this Period  500.00
3.	Full Name (Last, First, Middle Initial)  Dr. Michael A. Sherwin  Mailing Address 1112 E. Clearbrook Dr.  City  Bellingham  FEC ID number of contributing federal political committee.  Name of Employer Family Foot Care  Receipt For:  Primary  General  Other (specify)	State Zip Code WA 98229-2355  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M
C.	Full Name (Last, First, Middle Initial) Dr. Howard I. Hyman  Mailing Address 1 Brookeside Ct.  City Scotch Plains  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code NJ 07076-2647  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  800.00	Date of Receipt    M
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or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Podiatric Medical A	ssociation Political Action Committ	
Full Name (Last, First, Middle Initial) Dr. Carlton G. Purvis  Mailing Address 309 Old Coach Rd.		Date of Receipt
	7. 0. 1	05 31 2013
City Rocky Mount	State Zip Code NC 27804-2134	Transaction ID : 20912648
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  300.00
Name of Employer  Purvis Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Donald E. Chudy		Date of Receipt
Mailing Address 3657 E. Palm St.		05 31 2013
City Mesa	State Zip Code AZ 85215-1020	Transaction ID : 20912649
FEC ID number of contributing federal political committee.	C 83213-1020	Amount of Each Receipt this Period  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)  Dr. John A. DelMonte		Date of Receipt
Mailing Address 409 Poppy Hill Dr.		05 31 2013
City Healdsburg	State Zip Code CA 95448-3006	Transaction ID : 20912650  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
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NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial) Dr. Charles G. Kissel  Mailing Address 41 Christine Dr.  City State Zip Code Grosse Pointe Farms Mil 48236-3722  FEC ID number of contributing federal political committee.  Cocupation  Medical Centre Footcare Associates Podiatric Physician  Receipt For: Primary General Other (specify) ▼  Dr. JOSeph A. Manzi  Name of Employer  City State Zip Code NY 12054-1313  FEC ID number of contributing federal political committee.  City State Zip Code NY 12054-1313  FEC ID number of contributing federal political committee.  Cocupation Podiatric Physician Receipt For: Primary General Other (specify) ▼  State Zip Code NY 12054-1313  Transaction ID : 20912658  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles G. Kissel  Mailing Address 41 Christine Dr.  City City State Zip Code Grosse Pointe Farms MI 48236-3722  Mailing Address 41 Christine Dr.  City City State Zip Code MI 48236-3722  Amount of Each Receipt this Period  Cocupation Podiatric Physician Receipt For: Primary General Other (specify) ▼  Dr. Joseph A. Manzi  City State Zip Code NY 12054-1313  Date of Receipt Time Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912657  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt Time Period  Date of Receipt  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912659  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Date of	NAME OF COMMITTEE (In Full)		
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FEC ID number of contributing federal political committee.  Name of Employer  General Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Joseph A. Manzi  Mailing Address 261 Delaware Ave.  City State Zip Code NY 12054-1313  FEG ID number of contributing federal political committee.  Name of Employer  Self-Employer  General Other (specify)   Aggregate Year-to-Date   Date of Receipt  Transaction ID: 20912658  Amount of Each Receipt Series  Transaction ID: 20912658  Amount of Each Receipt Series  Amount of Each Receipt Series  Transaction ID: 20912659  Amount of Each Receipt Series  Amount of Each Receipt Series  Transaction ID: 20912659  Transaction ID: 20912659  Amount of Each Receipt Series  Transaction ID: 20912659  Transaction	City	State Zip Code	
tederal political committee.  Name of Employer  Medical Center Footcare Associates  Podiatric Physician  Receipt For:  Other (specify) ▼  State Zip Code Delmar  NY 12054-1313  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Other (specify) ▼  State Zip Code NY 12054-1313  FEC ID number of contributing federal political committee.  City  State Zip Code NY 12054-1313  FEC ID number of contributing federal political committee.  City  State Zip Code NY 12054-1313  Aggregate Year-to-Date ▼  Date of Receipt this Period  Date of Receipt Tor:  Summe of Employer  General Other (specify) ▼  State Zip Code NC 27012-9085  Date of Receipt Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Transacti	Grosse Pointe Farms	MI 48236-3722	Amount of Each Receipt this Period
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Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial)  Dr. Joseph A. Manzi  Mailing Address 261 Delaware Ave.  City State Zip Code NY 12054-1313  FEC ID number of contributing federal political committee.  Name of Employed Podiatric Physician  Receipt For: Primary General Other (specify) ▼ 300.00  Full Name (Last, First, Middle Initial)  Date of Receipt This Period  Transaction ID: 20912658  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 20912659  Amount of Each Receipt This Period  Transaction ID: 20912659  Amount of Each Receipt This Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 20912659  Amount of Each Receipt Transaction ID: 20912659  Amount of Each Receipt Transaction ID: 20912659  Amount of Each Receipt Transaction ID: 20912659  Amount of Each Receipt This Period  FEC ID number of contributing federal political committee.  Carolina Foot Care Associates  Receipt For: Primary General Other (specify) ▼ 300.00  SUBTOTAL of Receipts This Page (optional)	Receipt For:	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Dr. Joseph A. Manzi  Mailing Address 261 Delaware Ave.  City  Delmar  NY  12064-1313  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employed  Self-Employed  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Podiatric Physician  Aggregate Year-to-Date ▼  Date of Receipt this Period  Transaction ID: 20912858  Amount of Each Receipt this Period  Date of Receipt this Period  Transaction ID: 20912858  Date of Receipt this Period  Suppose the primary General of Each Receipt this Period  Date of Receipt this Period  Transaction ID: 20912859  Date of Receipt  Date of Receipt this Period  Date of Receipt this Period  Cuptation  Suppose the primary General of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Transaction ID: 20912659  Amount of Each Receipt this Period  Suppose the primary General of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Substotal of Receipts This Page (optional)	Primary General	00 0	
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City State Zip Code Delmar NY 12054-1313  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Podiatric Physician  Receipt For: Primary General Other (specify) ▼ 300.00  Full Name (Last, First, Middle Initial) Dr. William J. O'Neill  Mailing Address 3530 Stancliff Rd.  City State Zip Code NC 27012-9085  FEC ID number of contributing federal political committee.  Name of Employer Carolina Foot Care Associates Receipt For: Primary General Other (specify) ▼ 300.00  SUBTOTAL of Receipts This Page (optional).  D5 31 2013 Transaction ID : 20912658  Amount of Each Receipt this Period  Date of Receipt Transaction ID : 20912659  Amount of Each Receipt this Period  Subtrocal Care Associates Podiatric Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00	B. Dr. Joseph A. Manzi		Date of Receipt
City	Mailing Address 261 Delaware Ave.		
Delmar  NY 12054-1313  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Podiatric Physician  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period  Transaction ID : 20912659  Amount of Each Receipt this Period	City	State Zip Code	
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Primary General Other (specify) ▼ 300.00  Full Name (Last, First, Middle Initial) Dr. William J. O'Neill  Mailing Address 3530 Stancliff Rd.  City State Zip Code NC 27012-9085  FEC ID number of contributing federal political committee.  Name of Employer Carolina Foot Care Associates  Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Substotal of Receipts This Page (optional)	Self-Employed	Podiatric Physician	
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. William J. O'Neill  Mailing Address 3530 Stancliff Rd.  City Clemmons  FEC ID number of contributing federal political committee.  Name of Employer Carolina Foot Care Associates Receipt For: Primary General Other (specify) ▼  Substortal of Receipts This Page (optional)		Aggregate Year-to-Date ▼	
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NAME OF COMMITTEE (In Full)  American Podiatric Medical A	ssociation Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Donald James Donley		Date of Receipt
Mailing Address 711 N.W. 6th St.		05 29 2013
City	State Zip Code	Transaction ID: 20912660
Pendleton	OR 97801-1319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Heritage Podiatry	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Susan M. Walsh		Date of Receipt
Mailing Address 981 Canton Ave.	<del></del>	M = M / D = D / Y = Y = Y
City	State Zip Code	05 30 2013 Transaction ID : 20912661
Milton	MA 02186-3621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Foot Care Specialists of Boston Med. C	Podiatric Physician	
Receipt For:	-	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Karen A. Romines		Date of Receipt
Mailing Address 9121 Folsom Blvd. #G		05 29 2013
City	State Zip Code	Transaction ID : 20912662
Sacramento	CA 95826-2473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Committe	96
Full Name (Last, First, Middle Initial) Dr. Peter M. Romines  Mailing Address 9121 Folsom Blvd. #G		Date of Receipt
City Sacramento	State Zip Code CA 95826-2473	05 29 2013  Transaction ID : 20912663  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)  3. Dr. Randy K. Kaplan  Mailing Address 6578 Post Oak Dr.	•	Date of Receipt  05 09 2013
City West Bloomfield	State Zip Code MI 48322-3830	Transaction ID : 20948451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	0.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$1250.00
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
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	NAME OF COMMITTEE (In Full)		Dalida da Ardara Oranasi	44.						
/	American Podiatric Medical Asso	ociation	Political Action Commi	ttee						
<u> </u>	Full Name (Last, First, Middle Initial)									
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	Mailing Address Box 586			M M / D D / Y Y Y Y						
	City	State	Zip Code	05 07 2013 Transaction ID : 20888096						
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	FEC ID number of contributing									
	federal political committee.	C C00	0209668	5000.00						
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 35 OF 35				
TEMIZED DISBURSEMENTS	Use separate schedule(s)						
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Any information copied from such Reports and Staten							
or for commercial purposes, other than using the name	ne and address of any politica	I committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Podiatric Medical Associ	ation Political Action	Committe	e				
Full Name (Last, First, Middle Initial)							
A. Dr. Randy K. Kaplan			Date of Disbursement				
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