

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00008839

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date

04 / 14 / 2014

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

Office Use Only							
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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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="494355.15"/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="569401.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="75061.50"/>	<input type="text" value="205708.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="644463.15"/>	<input type="text" value="700063.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29500.00"/>	<input type="text" value="85000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="614963.15"/>	<input type="text" value="615063.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57574.00	151961.00
(ii) Unitemized	17487.50	53747.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75061.50	205708.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	75061.50	205708.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	75061.50	205708.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75061.50	205708.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	85000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29500.00	85000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	85000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Gerald W. Torgesen		Date of Receipt MM / DD / YYYY 03 / 04 / 2014 Transaction ID : 21598121
Mailing Address 896 Shirley Ln. 10561 Jeffreys St. 110		Amount of Each Receipt this Period 500.00
City Boulder City	State NV	
Zip Code 89005-3629		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Foot & Ankle Surgical Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Joseph Cornelison		Date of Receipt MM / DD / YYYY 03 / 05 / 2014 Transaction ID : 21624529
Mailing Address 131 Anne Way 10353 Torre Ave. #C		Amount of Each Receipt this Period 500.00
City Los Gatos	State CA	
Zip Code 95032-4010		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cupertino Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald D. Jensen		Date of Receipt MM / DD / YYYY 03 / 05 / 2014 Transaction ID : 21624744
Mailing Address Sutter Gould Medical Foundation 600 Coffee Rd.		Amount of Each Receipt this Period 1000.00
City Modesto	State CA	
Zip Code 95355-4201		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Sutter Gould Medical Foundation	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

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

A. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 21624745
 Amount of Each Receipt this Period
 150.00

B. Dr. Michael A. Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3612 Vista Charonoaks
 City Walnut Creek State CA Zip Code 94598-4050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 21624831
 Amount of Each Receipt this Period
 300.00

C. Dr. Debra Dale Weinstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Fairway Ct.
 City Roslyn State NY Zip Code 11576-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 21624832
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Joshua D. Johnson		Date of Receipt
Mailing Address 5609 Sycamore Dr. 3919 Creekside Loop		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Yakima	State WA	Zip Code 98901-1608
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21624900
Name of Employer Cascade Foot & Ankle		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. Dr. Stuart Boyd Cardon		Date of Receipt
Mailing Address Cascade Foot & Ankle 3919 Creekside Loop		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Yakima	State WA	Zip Code 98902-4877
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21624901
Name of Employer Cascade Foot & Ankle		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth E. Jacoby		Date of Receipt
Mailing Address 4 N. 916 Middlecreek Ln. 750 Fletcher Dr. #300		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Saint Charles	State IL	Zip Code 60175
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21624905
Name of Employer Elgin Foot & Ankle Center		Amount of Each Receipt this Period
Occupation Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Gary M. Kazmer
Full Name (Last, First, Middle Initial)

Mailing Address 2015 Blyth Ct.
4103 W. 26th St.

City Inverness State IL Zip Code 60010-5630

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

Name of Employer Family Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 06 / 2014
Transaction ID : 21624907

Amount of Each Receipt this Period
300.00

B. Dr. Laura J. Pickard
Full Name (Last, First, Middle Initial)

Mailing Address Norridge Foot Clinic
7325 W. Irving Park Rd.

City Chicago State IL Zip Code 60634-3547

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

Name of Employer Norridge Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 06 / 2014
Transaction ID : 21624908

Amount of Each Receipt this Period
1000.00

C. Dr. Gary S. Wallach
Full Name (Last, First, Middle Initial)

Mailing Address Coral Ridge Podiatry
2737 E. Oakland Park Blvd.

City Fort Lauderdale State FL Zip Code 33306-1641

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 06 / 2014
Transaction ID : 21624909

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Steven M. Spinner
Full Name (Last, First, Middle Initial)

Mailing Address 1031 Coralina Ln.

City Delray Beach State FL Zip Code 33483-6792

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 06 / 2014
Transaction ID : 21624910

Amount of Each Receipt this Period
500.00

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

Mailing Address 800 N. Iroquois Ave.
256 Honeysuckle Rd. #12

City Dothan State AL Zip Code 36303-3224

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

Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Amount of Each Receipt this Period
500.00

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

Mailing Address 1845 Bancroft St.
1845 Bancroft St.

City Missoula State MT Zip Code 59801-5747

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

Name of Employer Alpine Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Amount of Each Receipt this Period
300.00

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

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

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

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

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

A. Dr. Lawrence A. Santi
Full Name (Last, First, Middle Initial)

Mailing Address 31 Mayflower Ave.

City Williston Park	State NY	Zip Code 11596-1517
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2014

Transaction ID : 21625489

Amount of Each Receipt this Period
1000.00

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

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

City Ardmore	State OK	Zip Code 73401-1206
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

Transaction ID : 21625503

Amount of Each Receipt this Period
500.00

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

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

City Salisbury	State NC	Zip Code 28144-4930
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Foot & Ankle Care	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID : 21625685

Amount of Each Receipt this Period
500.00

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

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

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

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

A. Dr. Jeffrey R. DeSantis
Full Name (Last, First, Middle Initial)

Mailing Address 2611 Circle Dr.

City Newport Beach	State CA	Zip Code 92663-5616
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : 21626168

Amount of Each Receipt this Period
1000.00

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

Mailing Address 10107 E. 94th St. N.

City Owasso	State OK	Zip Code 74055-6838
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : 21626213

Amount of Each Receipt this Period
300.00

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

Mailing Address 2409 Whispering Oaks Ct.

City Abilene	State TX	Zip Code 79606-4366
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : 21626214

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Peter Stein
Full Name (Last, First, Middle Initial)

Mailing Address 1164 Silver Beech Road

City Herndon State VA Zip Code 20170-2328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 10 / 2014
Transaction ID : 21626250

Amount of Each Receipt this Period
500.00

B. Dr. Gregory W. Bryan
Full Name (Last, First, Middle Initial)

Mailing Address Ark LA Tex Foot Specialists, LLC
385 Bert Kouns #200

City Shreveport State LA Zip Code 71106-8158

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

Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 12 / 2014
Transaction ID : 21626289

Amount of Each Receipt this Period
100.00

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

Mailing Address 1825 Box Elder Ct.

City Indianapolis State IN Zip Code 46260-1507

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 21626891

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

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

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

A. Dr. David G. Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Saddle Hill Dr.
 City Logan State UT Zip Code 84321-4828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 21626892
 Amount of Each Receipt this Period
 1000.00

B. Dr. Patrick A. McShane
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 S. Marlan Ave.
 City Springfield State MO Zip Code 65804-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 21626932
 Amount of Each Receipt this Period
 1000.00

C. Dr. Phillip E. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Timberlane Dr.
 1580 Freedom Blvd. #106
 City Florence State SC Zip Code 29506-8338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Health Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 21626933
 Amount of Each Receipt this Period
 500.00

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

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

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

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

A. Dr. Stephen C. Wan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3221 Blume Dr.
 3400 Lomita Blvd. #403
 City Rossmoor State CA Zip Code 90720-4812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 21627024
 Amount of Each Receipt this Period
 500.00

B. Dr. Grace D. Pascual
 Full Name (Last, First, Middle Initial)
 Mailing Address 86274 Alamihi St.
 Queen's Physician Office Bldg. II
 City Waianae State HI Zip Code 96792-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 21627025
 Amount of Each Receipt this Period
 300.00

C. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6578 Post Oak Dr.
 City West Bloomfield State MI Zip Code 48322-3830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 21627026
 Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional).....▶	805.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Donald R. Blum		Date of Receipt
Mailing Address 6416 Wickerwood Dr. 7777 Forest Ln. #C435		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2014
City Dallas	State TX	Zip Code 75248-2901
FEC ID number of contributing federal political committee. C		Transaction ID : 21627027
Name of Employer: S.W. Podiatry Associates		Amount of Each Receipt this Period
Occupation: Podiatric Physician		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	300.00	

Full Name (Last, First, Middle Initial) B. Dr. Zahid A. Ladha		Date of Receipt
Mailing Address 3544 Marquis Ct.		M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014
City Floyds Knobs	State IN	Zip Code 47119-9766
FEC ID number of contributing federal political committee. C		Transaction ID : 21627208
Name of Employer: Self-Employed		Amount of Each Receipt this Period
Occupation: Podiatric Physician		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) C. Dr. Kevan R. Kreitman		Date of Receipt
Mailing Address 1409 Pierce St. 20905 E. 12 Mile Rd. #100		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2014
City Birmingham	State MI	Zip Code 48009-1773
FEC ID number of contributing federal political committee. C		Transaction ID : 21628295
Name of Employer: Shores Podiatry Associates		Amount of Each Receipt this Period
Occupation: Podiatric Physician		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Gerald D. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6627 Apollo Rd.
 1880 Williamette Falls Dr. #111
 City West Linn State OR Zip Code 97068-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 21628296
 Amount of Each Receipt this Period
 1000.00

B. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6578 Post Oak Dr.
 City West Bloomfield State MI Zip Code 48322-3830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 21628297
 Amount of Each Receipt this Period
 500.00

C. Dr. Odin de los Reyes
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Crest Rd.
 City Southington State CT Zip Code 06489-2868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 21628451
 Amount of Each Receipt this Period
 1000.00

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

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

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

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

A. Dr. Thomas Charles Melillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 22862 S.W. Saunders Dr.
 9900 S.W. Hall Blvd. #100
 City Sherwood State OR Zip Code 97140-8236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

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

B. Dr. Kari E. Prescott
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 E. Rustic Lodge
 City Minneapolis State MN Zip Code 55419-5618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628769
 Amount of Each Receipt this Period
 300.00

C. Dr. Michael T. Joyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 3441 Churchill Dr.
 2680 Snelling Ave. N. #260
 City Woodbury State MN Zip Code 55125-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roseville Podiatry Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

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

B. Dr. Eric R. Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4210 N. Virginia Rd.
 2333 Pacific Ave.
 City Long Beach State CA Zip Code 90807-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Memorial Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

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

C. Mrs. Candace Daly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1296 W. 475 S.
 City Farmington State UT Zip Code 84025-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Podiatric Medical Association Occupation Executive Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 21628774
 Amount of Each Receipt this Period
 300.00

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

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

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

FOR LINE NUMBER:		PAGE 20 OF 50	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Robert A. Russo
Full Name (Last, First, Middle Initial)

Mailing Address 106 Peck Rd.

City Hilton	State NY	Zip Code 14468-9354
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2014

Transaction ID : 21628778

Amount of Each Receipt this Period

300.00

B. Dr. Richard S. Eisner
Full Name (Last, First, Middle Initial)

Mailing Address 27 Horton St.

City Salem	State MA	Zip Code 01970-2847
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2014

Transaction ID : 21628779

Amount of Each Receipt this Period

500.00

C. Dr. David B. Alper
Full Name (Last, First, Middle Initial)

Mailing Address 3 Oak Ave.

City Belmont	State MA	Zip Code 02478-2751
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2014

Transaction ID : 21628781

Amount of Each Receipt this Period

250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher T. Sloan		Date of Receipt 03 / 15 / 2014 Transaction ID : 21628782
Mailing Address 5343 Driftwood Dr.		Amount of Each Receipt this Period 500.00
City Imperial	State MO	Zip Code 63052-4309
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce Gary Blank		Date of Receipt 03 / 15 / 2014 Transaction ID : 21628783
Mailing Address 63728 Patch St.		Amount of Each Receipt this Period 300.00
City Stewartsville	State OH	Zip Code 43933-9631
FEC ID number of contributing federal political committee. C		
Name of Employer Achilles Foot & Ankle Surgery	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) c. Dr. Christopher S. Grandfield		Date of Receipt 03 / 15 / 2014 Transaction ID : 21628784
Mailing Address 921E 650N		Amount of Each Receipt this Period 1000.00
City Laporte	State IN	Zip Code 46350-8976
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Patricia Nicholas		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2014 Transaction ID : 21628785
Mailing Address 15 Arborvitae Ln.		Amount of Each Receipt this Period 150.00
City Miller Place	State NY	Zip Code 11764-3020
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Vanessa M. Darmochwal		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2014 Transaction ID : 21628788
Mailing Address 15 Hasbrook Ave. 3725 US Hwy. 9 W.		Amount of Each Receipt this Period 250.00
City Highland	State NY	Zip Code 12528-1728
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Matt Solak		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2014 Transaction ID : 21628789
Mailing Address 101 W. Ohio Street Suite 780		Amount of Each Receipt this Period 500.00
City Indianapolis	State IN	Zip Code 46204-1995
FEC ID number of contributing federal political committee. C		
Name of Employer Kindsvatter & Associates	Occupation Deputy Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Scott L. Shindler
Full Name (Last, First, Middle Initial)

Mailing Address 508 James Pl.
2701 Fox Run Pkwy. #202

City Yankton State SD Zip Code 57078-1830

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

Name of Employer Shindler Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 15 / 2014
Transaction ID : 21628791

Amount of Each Receipt this Period
300.00

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

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

City Lansing State MI Zip Code 48915-2552

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

Name of Employer Kindsvatter and Associates Occupation Executive Director-AAPPM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 15 / 2014
Transaction ID : 21628792

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5105 Sanibel Ct.
1105 Central Expy. N. #2240

City Plano State TX Zip Code 75093-2583

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

Name of Employer Presbyterian Hospital of Allen Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 15 / 2014
Transaction ID : 21628794

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

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

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

C. Dr. Kirk Geter
 Full Name (Last, First, Middle Initial)
 Mailing Address 11121 Lake Victoria Ln.
 2041 Georgia Ave. N.W.
 City Bowie State MD Zip Code 20720-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard University College of Medicine Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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

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

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

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

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

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

Full Name (Last, First, Middle Initial) B. Dr. Paul Kinberg		Date of Receipt 03 / 15 / 2014 Transaction ID : 21628801
Mailing Address 6023 Gentle Knoll Ln.		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75248-2122
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. S. F. Charley Hartley		Date of Receipt 03 / 15 / 2014 Transaction ID : 21628802
Mailing Address 2201 Juanita Ln.		Amount of Each Receipt this Period 300.00
City Deer Park	State TX	Zip Code 77536-4214
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

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

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

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

Full Name (Last, First, Middle Initial) C. Dr. Alyssa Kay Stephenson		Date of Receipt
Mailing Address 1093 Spring Lake Dr.		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City State Zip Code Fond Du Lac WI 54935-9726		Transaction ID : 21628806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Family Foot Clinics of WI Podiatric Physician		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Frederick Samuel Mechanik
 Full Name (Last, First, Middle Initial)
 Mailing Address 8428 Brook Valley Dr.
 City Fountain State CO Zip Code 80817-4095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

B. Dr. Kert W. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 7688 W. Portneuf Rd.
 1555 E. Clark St.
 City Pocatello State ID Zip Code 83204-7336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocatello Podiatry Associates
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628808
 Amount of Each Receipt this Period
 350.00

C. Dr. Lawrence B. Harkless
 Full Name (Last, First, Middle Initial)
 Mailing Address 3622 Emory Way
 309 E. 2nd St.
 City Pomona State CA Zip Code 91767-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Univ. of Health Sciences
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628809
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Richard A. Altwerger

Full Name (Last, First, Middle Initial)
Mailing Address Village Medical Arts Complex
77 Miller Rd. #202

City Castleton On Hudson State NY Zip Code 12033-4040

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628810

Amount of Each Receipt this Period
500.00

B. Dr. Chester A. Nava Jr.

Full Name (Last, First, Middle Initial)
Mailing Address 1130 Gilliland Rd.

City Louisville State KY Zip Code 40245-4034

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628812

Amount of Each Receipt this Period
300.00

c. Dr. Joseph A. Sciandra

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1126

City Amherst State NY Zip Code 14226-7126

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2014
Transaction ID : 21628813

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Patricia A. Moore		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2014 Transaction ID : 21628814
Mailing Address 201 Terre Coupe St.		Amount of Each Receipt this Period 250.00
City Buchanan	State MI	Zip Code 49107-1029
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Heidi R. Newkirk		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2014 Transaction ID : 21628815
Mailing Address 38 Hawthorne Dr. #E208 198 Main St.		Amount of Each Receipt this Period 300.00
City Bedford	State NH	Zip Code 03110-6890
FEC ID number of contributing federal political committee. C		
Name of Employer Greater Salem Family Foot Care Assoc.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Stanley A. Gorgol		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2014 Transaction ID : 21628816
Mailing Address 5 Terracewood Rd. 198 Main St.		Amount of Each Receipt this Period 300.00
City Londonderry	State NH	Zip Code 03053-2409
FEC ID number of contributing federal political committee. C		
Name of Employer New Hampshire Podiatric Medical Assn.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Christian A. Robertozzi		Date of Receipt 03 / 16 / 2014 Transaction ID : 21628817
Mailing Address 43 Douma Dr. 222 High St. #201		Amount of Each Receipt this Period 500.00
City Newton	State NJ	
Zip Code 07860-1558		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Blake Odell Zobell		Date of Receipt 03 / 16 / 2014 Transaction ID : 21628818
Mailing Address 855 N. 225 W.		Amount of Each Receipt this Period 50.00
City Richfield	State UT	
Zip Code 84701-1775		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barry H. Block		Date of Receipt 03 / 16 / 2014 Transaction ID : 21628819
Mailing Address 104-40 Queens Blvd. P.O. Box 750129		Amount of Each Receipt this Period 500.00
City Forest Hills	State NY	
Zip Code 11375-3637		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

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

A. Dr. Kile W. Kinney
Full Name (Last, First, Middle Initial)

Mailing Address 3552 Carnoustie Dr.
1515 Laney Walker Blvd.

City Martinez State GA Zip Code 30907-9504

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

Name of Employer The Foot & Ankle Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2014
Transaction ID : 21628820

Amount of Each Receipt this Period 300.00

B. Dr. Thomas V. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 289 Main St.
1350 Sullivan Ave.

City Suffield State CT Zip Code 06078-1332

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

Name of Employer Podiatry Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 16 / 2014
Transaction ID : 21628821

Amount of Each Receipt this Period 400.00

C. Dr. Craig S. Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 3734 Ashley Way

City Owings Mills State MD Zip Code 21117-1400

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2014
Transaction ID : 21628822

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Dr. David Stewart Liebow		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2014 Transaction ID : 21628823
Mailing Address 1202 Peaked Mountain Rd. 382 Canal St.		Amount of Each Receipt this Period 500.00
City Townshend	State Zip Code VT 05353	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott E. Hughes		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2014 Transaction ID : 21628843
Mailing Address Foot & Ankle Specialists, PC 1060 N. Monroe St.		Amount of Each Receipt this Period 500.00
City Monroe	State Zip Code MI 48162-3113	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lloyd S. Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2014 Transaction ID : 21628845
Mailing Address 65 Hartman Rd.		Amount of Each Receipt this Period 250.00
City Newton Center	State Zip Code MA 02459-3035	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Maria A. Branca
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sadore Ln. #4B

City Yonkers State NY Zip Code 10710-4727

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2014
Transaction ID : 21628846

Amount of Each Receipt this Period 300.00

B. Dr. Paul Z. Sheremeta
Full Name (Last, First, Middle Initial)

Mailing Address Capital Foot Specialists
3761 Carman Rd.

City Schenectady State NY Zip Code 12303-5418

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

Name of Employer Capital Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2014
Transaction ID : 21628850

Amount of Each Receipt this Period 1000.00

C. Dr. Jondelle B. Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address J.B. Jenkins & Associates
1706 E. 87th St.

City Chicago State IL Zip Code 60617-2740

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

Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt 03 / 17 / 2014
Transaction ID : 21635115

Amount of Each Receipt this Period 834.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2134.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Marc D. Lenet
Full Name (Last, First, Middle Initial)

Mailing Address 1 Shaded Glen Ct.

City Owings Mills	State MD	Zip Code 21117-3048
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : 21635116

Amount of Each Receipt this Period
300.00

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

Mailing Address 56 Blithewood Dr.

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

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID : 21635117

Amount of Each Receipt this Period
300.00

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

Mailing Address 1529 W. Montana St. #1

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

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

Transaction ID : 21635491

Amount of Each Receipt this Period
550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Syed Khalid Husain		Date of Receipt MM / DD / YYYY 03 / 19 / 2014 Transaction ID : 21635493
Mailing Address 11 McGlashey Dr. 880 W. Central Rd. #3500		Amount of Each Receipt this Period 300.00
City South Barrington	State Zip Code IL 60010-7108	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Midwest Foot & Ankle Clinics	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William M. Jenkin		Date of Receipt MM / DD / YYYY 03 / 19 / 2014 Transaction ID : 21635499
Mailing Address 130 Nadina Way 2250 Hayes St. #4A		Amount of Each Receipt this Period 300.00
City Greenbrae	State Zip Code CA 94904-1131	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Parnassus Heights Podiatry Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bradford W. Glass		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : 21637172
Mailing Address 4603 Island Dr.		Amount of Each Receipt this Period 1000.00
City Midland	State Zip Code TX 79707-1406	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Alan J. Block
Full Name (Last, First, Middle Initial)
Mailing Address 1833 Lake Shore Dr.
City Columbus State OH Zip Code 43204-4964
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2014
Transaction ID : 21637197
Amount of Each Receipt this Period 300.00

B. Mr. Michael Borden
Full Name (Last, First, Middle Initial)
Mailing Address 1255 5th Ave.
City New York State NY Zip Code 10029-3852
FEC ID number of contributing federal political committee. **C**
Name of Employer New York State Podiatric Medical Assoc Occupation Interim Executive Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 17 / 2014
Transaction ID : 21637198
Amount of Each Receipt this Period 500.00

C. Dr. Kenneth F. Malkin
Full Name (Last, First, Middle Initial)
Mailing Address 3630 Gardens Pkwy. #902C
City Palm Beach Gardens State FL Zip Code 33410-2783
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 17 / 2014
Transaction ID : 21637201
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Robert J. Warkala

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

City State Zip Code
Cherry Hill NJ 08003-1938

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 21 / 2014
Transaction ID : 21637275

Amount of Each Receipt this Period
100.00

B. Dr. Bradford S. Legge

Full Name (Last, First, Middle Initial)
Mailing Address 13711 Blooming Orchard Dr.
8101 Clearvista Pkwy. #250

City State Zip Code
Fishers IN 46038-4263

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

Name of Employer Occupation
Podiatry Associates of Indiana Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 22 / 2014
Transaction ID : 21637598

Amount of Each Receipt this Period
250.00

C. Dr. Andrew J. Schneider

Full Name (Last, First, Middle Initial)
Mailing Address 4326 Sarong Dr.
1011 Augusta Dr. #202

City State Zip Code
Houston TX 77096-4425

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

Name of Employer Occupation
Tanglewood Foot Specialists Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2014
Transaction ID : 21637605

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. John F. Grady		Date of Receipt 03 / 26 / 2014 Transaction ID : 21641656
Mailing Address 7605 Ridgewood Ln.		Amount of Each Receipt this Period 5000.00
City Burr Ridge	State IL	Zip Code 60527-8024
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Dr. Craig H. Thomajan		Date of Receipt 03 / 28 / 2014 Transaction ID : 21643158
Mailing Address Austin Foot & Ankle Specialists 5000 Bee Cave Rd. #202		Amount of Each Receipt this Period 100.00
City West Lake Hills	State TX	Zip Code 78746-5254
FEC ID number of contributing federal political committee.	C	
Name of Employer Austin Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Wendy Sue Winkelbach		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643167
Mailing Address 3788 Highland Park Dr. 33 E. County Line Rd. #B		Amount of Each Receipt this Period 250.00
City Greenwood	State IN	Zip Code 46143-8231
FEC ID number of contributing federal political committee.	C	
Name of Employer Southside Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	5350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Devang C. Patel		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643199
Mailing Address 761 Main Ave.		Amount of Each Receipt this Period 1000.00
City Norwalk State CT Zip Code 06851-1080	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Gerard Guglielmo		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643200
Mailing Address 35 Maryanne Dr. 131 Kent Rd.		Amount of Each Receipt this Period 300.00
City Monroe State CT Zip Code 06468-3209	FEC ID number of contributing federal political committee. C	
Name of Employer New Milford Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Betty M. Carreira		Date of Receipt 03 / 27 / 2014 Transaction ID : 21643203
Mailing Address 21A Purcell Dr.		Amount of Each Receipt this Period 300.00
City Danbury State CT Zip Code 06810-7024	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Robert D. Rutstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 597 Farmington Ave.
 City Hartford State CT Zip Code 06105-3057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 21643205
 Amount of Each Receipt this Period **300.00**

B. Dr. Sanjay V. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address Family Foot Care & Surgery, LLC
 309 Seaside Ave. #202
 City Milford State CT Zip Code 06460-4632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Care & Surgery, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 21643206
 Amount of Each Receipt this Period **1000.00**

C. Dr. Eric M. Kosofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 Knollwood Ln.
 597 Farmington Ave.
 City Avon State CT Zip Code 06001-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 21643207
 Amount of Each Receipt this Period **350.00**

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Peter A. Blume
Full Name (Last, First, Middle Initial)

Mailing Address 22 Timber Ln.
508 Blake St.

City Woodbridge State CT Zip Code 06525-1835

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Amount of Each Receipt this Period 500.00

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

Mailing Address 307 Cherry Hill Rd.

City Middlefield State CT Zip Code 06455-1238

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 21643209

Amount of Each Receipt this Period 250.00

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

Mailing Address 508 Blake St.

City New Haven State CT Zip Code 06515-1287

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2014
Transaction ID : 21645474

Amount of Each Receipt this Period 300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Steven E. Damon
Full Name (Last, First, Middle Initial)

Mailing Address 399 N. Main St.

City Suffield State CT Zip Code 06078-1839

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2014
Transaction ID : 21645492

Amount of Each Receipt this Period 300.00

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

Mailing Address 2 Forest Ln.

City Hockessin State DE Zip Code 19707-9134

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014
Transaction ID : 21645512

Amount of Each Receipt this Period 300.00

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

Mailing Address 4201 Davis St.

City Skokie State IL Zip Code 60076-1601

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014
Transaction ID : 21645843

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

B. Dr. James H. Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highlander Dr.
 21 Hampton Rd. Bldg. 1
 City North Hampton State NH Zip Code 03862-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

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

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

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

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

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

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

A. Dr. Matthew J. Thompson

Full Name (Last, First, Middle Initial)
Mailing Address 4935 White Oak Dr.
4850 Fayetteville Rd.

City Lumberton State NC Zip Code 28358-2187

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 31 / 2014
Transaction ID : 21645851

Amount of Each Receipt this Period
300.00

B. Dr. Daniel Evan Laut

Full Name (Last, First, Middle Initial)
Mailing Address Cape Fear Podiatry Associates
1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304-3861

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 31 / 2014
Transaction ID : 21645852

Amount of Each Receipt this Period
300.00

C. Dr. Terrill F. Brown III

Full Name (Last, First, Middle Initial)
Mailing Address 20 Chicora Club Dr.

City Dunn State NC Zip Code 28334-5667

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 31 / 2014
Transaction ID : 21645853

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Mark T. Eaton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6737 Stone Mountain Farm Rd.
 1738 Metromedical Dr.
 City Fayetteville State NC Zip Code 28311-1193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 21645854
 Amount of Each Receipt this Period
 300.00

B. Dr. Eugene R. Kubitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3918 Deerpath Dr.
 City Sandusky State OH Zip Code 44870-6084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 21671039
 Amount of Each Receipt this Period
 300.00

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Enzi For Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement

011

Candidate Name

Sen. Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : 21624666

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : 21624778

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : 21624788

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : 21624800

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dan Benishek

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : 21624821

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : 21624894

Amount of Each Disbursement this Period

1500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

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

Transaction ID : 21624895

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Progressive Choices PAC

Mailing Address PO Box 58

City State Zip Code
Evanston IL 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 21624896

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Victory NOW

Mailing Address 10605 Concord Street
Suite 202

City State Zip Code
Kensington MD 20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Victory NOW

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 21625571

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

9	0	0	0	0	0	0	0	0	0

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

9	0	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 49 OF 50		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Van Hollen For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement Category/Type

Candidate Name **Rep. Chris Van Hollen**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MD District: 08

Date of Disbursement: MM / DD / YYYY
 / /

Transaction ID : 21625572

Amount of Each Disbursement this Period

B. Mcnerney For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 6250 Village Parkway Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement Category/Type

Candidate Name **Rep. Jerry McNERNEY**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 11

Date of Disbursement: MM / DD / YYYY
 / /

Transaction ID : 21635645

Amount of Each Disbursement this Period

C. Swalwell For Congress

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement Category/Type

Candidate Name **Rep. Eric Swalwell**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 15

Date of Disbursement: MM / DD / YYYY
 / /

Transaction ID : 21635648

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="7000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Void - Check lost in the mail

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

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

Transaction ID : 21642924

Amount of Each Disbursement this Period

-1000.00

Void - Check lost in the mail

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

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

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

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

Transaction ID : 21642925

Amount of Each Disbursement this Period

1000.00

Replacement for 2/3/14 check lost in mail

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

0.00

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

29500.00
